



County Borough of Southampton.

Annual Report

ON

SCHOOL MEDICAL WORK

For the Year 1934,

BY

H. C. MAURICE-WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer, and Medical Officer of Health

FOR THE

County Borough and Port of Southampton.

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This question later came before the Education Committee, who resolved that arrangements for the provision of the Day Open-air School be pressed forward with all possible speed.

When the number of delicate children given in the statistical tables is regarded, it will be seen that there is an increase in this group of nearly 100 per cent. (from 37 in 1933 to 72 in 1934). The waiting list for admission to St. Catherine's Home, at Ventnor, at present our only Open-air School, numbered 40 on the 31st December, 1934. Fifty-five children were admitted to this institution during the year, thirty-two were still in residence at the end of the year. It is very clear that many children on the waiting list will have to wait a very considerable time before gaining admission. While the Day Open-air School will not entirely supplant the Residential School, it will enable us to make provision for many of the children referred to above, and in many cases obviate the necessity of sending them to a Residential School.

Dealing with other points arising out of the statistical tables, we find that the number of children examined in the routine age groups shows a decrease; this is due to the fact that the large number examined in 1933 was the direct result of the re-organisation, and in 1934 we have returned to normal working.

The attendance of parents at the medical inspections has again been excellent. In addition to a slight improvement over all the groups, the entrant group has further increased—94.6 per cent. of the parents attended the medical inspections of their children in this age group.

The defects found at medical inspection have decreased generally; in addition, the percentage of individual children found to require treatment has fallen.

Table III reveals that we have a slightly larger number of children certified as epileptic than in 1933, while the number of mentally defective children has decreased.

Table IV shows that we have had to contend with a smaller number of skin ailments than in 1933. Impetigo showed a drop of over 150 cases, and there were many less cases of scabies and ringworm of the body than in the previous year. The number of minor skin ailments shows an increase, but this is due to the opening of the Branch Clinic, at Coxford, in May, 1934, for with the provision of facilities in this district many parents have taken advantage of them for the treatment of ailments which they would previously have dealt with at home, or which would have been neglected.

The Branch Clinic is held in the Coxford Junior Temporary School each morning of the week. The Health Visitor for the district spends an hour treating children referred from the East Park Terrace Centre by the Medical Officer, and deals with all minor ailment cases which attend. All cases must come under the purview of the doctor. Although an emergency dressing may be applied to a wound, the nurse is instructed not to undertake the treatment of a case without the Medical Officer's instructions, and all casual cases attending this Branch Clinic are referred either to East Park Terrace (for minor ailments), or to their own doctor, or the voluntary hospitals, should the nurse suspect any condition which requires medical attention.

A further Branch Clinic has been established at the Swaythling Boys' School, and will be opened for treatment in January, 1935.

The benefit we have found from the treatment of ringworm by X-Ray is dealt with at length in the section devoted to Skin Diseases. It appears very clear that this method of treatment prevents serious loss of education ; some of the children who had been absent from school for practically two years were fit to return within two or three months following the application of X-Rays.

The diagnostic lamp purchased early in the year has proved of the greatest value in the detection of ringworm. It enabled us to examine every child in one of the largest schools in the town, and to discover the existence of no less than six unsuspected cases of ringworm of the scalp. This school had for some time suffered from a minor epidemic of this disease.

The inauguration of a third session for the Ophthalmic Specialist has enabled us to dispose of the arrears of work which had accumulated, and to arrange for closer following up of these children.

The work of the Orthopædic Clinic has also greatly increased, and it has been pointed out that the facilities now available for the provision of remedial treatment are scarcely adequate. This branch of the service is doing valuable work, but, owing to the lack of available accommodation, further extension presents difficulties. The whole question is being reviewed, and a report on this matter will be presented to the Committee at a later date.

Early in 1934 our dental staff was augmented by the appointment of a fourth Dental Officer. This has had the immediate effect of increasing both the number of inspections and the number of children treated. The increased number of fillings carried out

shows that we are making some progress in conservative dentistry, but the condition of the teeth of many of the younger children, calling as it does for radical extractions, is still causing perturbation. Definite arrangements should be made for the pre-school child to receive dental treatment, and we have endeavoured as far as possible to do this. Instructions have been given to the Medical Officers to refer all children seen at the Welfare Centres requiring dental treatment to the Clinic or to their private dentist, and we have set aside one session for dealing with these children. The percentage of children treated at the Clinic after inspection at schools shows an increase, but is still only in the neighbourhood of 40 per cent. A statement prepared of the acceptances from various schools showed that, while 13 schools showed an acceptance rate of 50 per cent. or over, 23 schools were below 50 per cent. The highest percentage was 75, while the lowest was 26 per cent.

Towards the end of the year a demonstration was held by the Dental Board of the United Kingdom in certain schools in the Borough. This had a beneficial effect, and, while the lectures were still fresh in the minds of the children, the Dental Officers visited a number of the schools, and interviewed the parents of those children in whose cases treatment had been refused. This resulted in a further number of acceptances, but it was also found that a large number of parents remarked on the distance from the Clinic, and stated that they would obtain attention from a private dentist or voluntary institution nearer their homes. Further examination of the mouths of the children did not bear out the statement that treatment had been obtained, and it was decided that a portable dental chair should be purchased, and that, as far as possible, treatment should be carried out in the Branch Clinics at Swaythling and Coxford during 1935. This will minimise the inconvenience and expense of travelling to the Main Clinic, and it is hoped that a considerably larger number will receive attention in consequence.

During the latter part of 1935 we had to contend with outbreaks of infectious disease—chiefly of diphtheria. The Medical Officers visited numbers of schools and examined contacts, and reminded parents of the value of immunisation.

The Rheumatic and Heart Clinic continued its valuable work throughout the year ; in several cases children leaving school were followed up, and arrangements made for modification of conditions of employment and supervision by private practitioners. The Artificial Sunlight Clinic continues to give good results, the large majority of the patients showing very definite improvement. The ailments treated included Cervical Adenitis, General Debility, and Rheumatism.

The Speech Clinic has had its first complete year, and from the report submitted by the Instructor-in-Charge it will be seen that progress has been made. Co-operation has been established with the Psychological and Dental Clinics. A considerable number of children have been seen by the Psychologists, and this help is very beneficial where there appears to be some underlying mental stress which re-acts on the speech defect. The Dentists have been of assistance in several cases of cleft palate, by providing obturators to fill the gap in the mouth. As a routine, all children are seen before admission to, and discharge from, this Clinic by one of the assistant Medical Officers, in order to determine whether treatment is necessary, or whether it has been beneficial. Towards the end of the year the Board of Education sanctioned a further session per week, so that the Instructor might visit schools and homes in order to carry out following-up work, and to advise teachers and parents as to the best methods to adopt in dealing with this group of children. The children at the Woolston Special School are also visited by the Instructor.

A scheme has also been outlined for the institution of a Child Guidance Clinic, and it is hoped to commence operations with this in 1935. Such Clinics have already been established by a number of the larger local authorities, and have gained a large measure of approval. The School Medical Officer for Manchester outlines the objects of such Clinics as follows :—

“ More and more it is coming to be realised that in the development of the child, the mental, and the physical are not separated ; one re-acts upon the other ; development cannot be satisfactorily divided into two sections, the physical and the mental ; all development is physico-mental. Concentration upon the purely physical, either in health or disease, gives a lop-sided view of the child.

“ The Child Guidance Clinic is a practical recognition of the duplex factor in development, and also of the importance of a study of the environment of the child in order to obtain a complete understanding of that development. It deals with two types of children—those whose abnormal developmental manifestations take the form of delinquency, e.g., stealing, outbursts of temper, lying, truanting, and those in whom has been produced by the

action of environment upon the developing child a form of neurosis, e.g., stammering, various phobias and obsessions, night terrors, enuresis."

With the establishment of the Speech Clinic, the duties imposed upon us by the Children and Young Persons Act, 1932, and an increasing number of children presented to us for examination as to their mental conditions, such a Clinic will be of the greatest assistance. One can call to mind such cases as those of a child who attempted to throw herself from a schoolroom window; of a boy who, bound over for stealing cycles, repeated the exploit the following morning under the gaze of an Attendance Officer. The help of a Medical Officer, specially equipped to deal with such problems, who could advise teachers, parents, and, if necessary, magistrates, as to the best course to be adopted with such children, would be invaluable.

Thus, to review 1934, it has been a year marked by no outstanding advance, but by quiet progress in many departments. These will come to fruition in the course of the next year or so, when we shall be better able to assess the value of the ground work of this year.

In conclusion, I desire to express my appreciation of the help which has been given by the Chairman and members of the School Clinic (Joint) Sub-Committee; the co-operation of the National Society for the Prevention of Cruelty to Children; the Education Department and the Teachers; the Staffs of the Voluntary Hospitals; and the willing and ready manner in which the members of my Medical, Nursing, Dental and Clerical staffs have carried out their work during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. C. Maurice-Williams

School Medical Officer.

CO-ORDINATION.

The arrangements for the co-ordination of the School Medical Service with the other branches of the Public Health Service remain the same as in 1932; a detailed description of these arrangements was given in that Report.

SCHOOL HYGIENE.

The provision of additional school accommodation in the Shirley Warren area has served to ameliorate the condition of overcrowding which previously existed in this district, and to which attention was drawn last year. The Education Committee have already given approval to the provision of further accommodation in the Merry Oak Housing Estate and this will be ready in 1935.

Otherwise the condition of the schools remains as in 1933. The question of washing in schools has been investigated and in consequence a considerable increase in the number of towels supplied has been sanctioned, and more frequent renewal arranged.

It is also proposed to install a central heating plant in one of the larger schools.

DETAILS OF THE WORK CARRIED OUT AT SCHOOLS IN THE BOROUGH DURING 1934.

Elementary Schools :

CENTRAL BOYS AND GIRLS	Hopper windows fixed to prevent draught across children's heads.
DEANERY	External decorations.
EASTERN DISTRICT	External decorations.
FOUNDRY LANE	External decorations.
HIGHFIELD C. OF E.	Internal decorations.
LUDLOW ROAD	External decorations and roof of Infants' department re-slatted.

MOUNT PLEASANT	...	External decorations throughout, also internal decoration of Handicraft Centre.
NORTHAM	... ..	Adaptations to provide for a Transitional class, installation of Bath, Hand-basins with hot water supply in Infants' department. Renewal of lead gutters.
PEAR TREE GREEN	...	External decorations. New macadam playgrounds laid out.
PORTSWOOD	... ..	External decorations and fitting up lavatories in Boys' department with separate flushing cisterns.
REGENT'S PARK	...	New floors in Halls.
SHIRLEY	... ..	External decorations, alteration of doors in Hall, with new floor.
SHIRLEY WARREN TEMPORARY	...	Internal decorations.
WESTERN DISTRICT	...	Alterations to Cookery Centre.
WOOLSTON BOYS	...	External decorations.
WOOLSTON GIRLS	...	Internal decorations and renewing of water service.
SWAYTHLING JUNIOR MIXED	... ..	Re-surfacing of playground with tar-mac.
SWAYTHLING SENIOR	...	Addition of waiting room for school clinic.
BASSETT GREEN	...	Re-surfacing of playground with tar-mac.
COXFORD TEMPORARY		Taken over by the Authority.

Secondary Schools :

GIRLS' GRAMMAR ... Hockey pitch and Tennis courts laid out.

ITCHEN SECONDARY ... Replacement of huts by semi-permanent buildings, decoration of 4 new classrooms, and laying out of Tennis courts.

Other Institutions :

CANAL WALK FREE
MEALS CENTRE ... Internal decorations.

**SANITARY CONVENIENCES IN THE ELEMENTARY
AND SECONDARY SCHOOLS,**

and the various Centres under the control of the Education Authority.

COXFORD TEMPORARY SCHOOL.—During the year the Authority has taken into use the Shirley Warren Baptist Church as a Junior School. This School is provided with 12 pedestal pans flushed by separate cisterns and a urinal fitted with sparge pipe flushing.

BITTERNE PARK SCHOOL.—The hopper lavatory pans and automatic flushing tanks at this school have been removed and the lavatories are now fitted with the pedestal type of lavatory pan and are flushed by separate cisterns.

PORTSWOOD SCHOOL.—The automatic tanks flushing the lavatories in the boys' department have been removed and the pedestal pans are now flushed by separate cisterns. Those in the girls' and infants' departments are under consideration.

BITTERNE C. OF E. SCHOOL.—The urinal in the infants' department has been rebuilt and fitted with an automatic sparge flushing system.

ITCHEN SECONDARY SCHOOL.—The semi-permanent buildings attached to this school are provided with 10 pedestal pans and one large urinal fitted with a sparge pipe flushing system.

All school urinals are now fitted with sparge pipe flushing.

REVISED LIST OF SANITARY CONVENIENCES IN PROVIDED SCHOOLS.

- 708 pedestal pans flushed by separate cisterns.
- 15 pedestal pans flushed by automatic tanks.
- 4 hopper closets flushed by automatic tanks.
- 68 urinals flushed by sparge pipes.

NON-PROVIDED SCHOOLS.

- 104 pedestal pans flushed by separate cisterns.
- 17 hopper closets flushed by automatic tanks.
- 14 urinals flushed by sparge pipes.

SECONDARY SCHOOLS.

- 94 pedestal pans flushed by separate cisterns.
- 6 urinals flushed by sparge pipes.

MEDICAL INSPECTION.

Accommodation is provided in the public elementary schools for 24,055 children, while the number of children on the registers was 24,461. The average attendance was 22,310.

The only alteration which took place in the arrangement of the schools was the opening of the Coxford Junior Temporary School, and the consequent redistribution of the children amongst the schools in the Shirley Warren area.

The number of schools and departments in the Borough is :—

Number of Schools	34
-------------------	-----	-----	-----	----

Number of Departments—

Boys	21
------	-----	-----	-----	-----	-----	----

Girls	21
-------	-----	-----	-----	-----	-----	----

Infants and Juniors	29
---------------------	-----	-----	-----	----

Mixed Departments	5
-------------------	-----	-----	-----	---

76

The number of routine inspections carried out during the year was 7,345, comprising 2,108 entrants, 2,332 children of eight years, 2,227 children of twelve years, and 678 children of other ages (these included the children in the Nursery Classes).

Examination was also carried out at the Special School, Woolston, and the results are detailed on page 69.

A statement is given below of the number of children examined in each school in the various age groups.

NUMBER OF CHILDREN INSPECTED IN AGES.

School.	Entrants, 5-6 years.		Inter- mediates, 8 years.		Leavers, 12 years.		Others.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ascupart ...	44	45	62	36	—	—	18	10
Bassett Green ...	21	14	65	78	—	—	1	3
Bevois Town ...	24	36	13	26	16	30	22	19
Bitterne C. of E. ...	36	25	26	58	29	42	—	5
Bitterne Manor ...	15	20	17	15	—	—	6	5
Bitterne Park ...	26	31	34	46	53	40	17	25
Central ...	64	58	67	70	54	58	29	23
Coxford Jnr., Tempy.	—	—	5	3	—	—	—	—
Deanery ...	—	—	—	—	141	129	5	15
Eastern ...	53	34	45	36	—	—	13	13
Foundry Lane ...	14	21	56	46	64	59	4	4
Freemantle ...	32	33	32	29	36	31	10	14
Highfield ...	14	4	12	18	13	17	4	2
Ludlow Road ...	87	74	72	58	98	100	21	16
Mount Pleasant ...	32	26	29	67	36	33	15	16
Northam ...	44	45	35	37	39	47	30	36
Portswood ...	34	34	60	118	65	77	32	9
Pear Tree ...	—	—	35	27	—	—	3	1
Regent's Park ...	87	39	48	46	93	77	23	8
St. Mary's ...	13	8	24	22	—	—	1	—
St. Mark's ...	19	13	12	11	16	13	6	3
St. John's ...	15	15	7	10	—	—	5	5
St. Joseph's ...	17	14	1	3	16	6	—	—
St. Denys ...	25	21	30	10	30	—	1	1
Shirley ...	24	19	35	41	69	58	37	25
Shirley Warren C.E.	53	48	31	26	—	—	2	—
Shirley Warren Jnr.	71	89	39	26	—	—	—	2
Swaythling ...	23	28	—	2	116	93	3	—
Springhill ...	17	22	22	15	22	19	4	3
Sholing ...	110	80	106	164	51	69	9	37
Western ...	84	68	74	52	54	41	22	16
Woolston ...	26	34	21	26	32	26	4	3
Woolston R.C. ...	15	11	9	6	9	10	6	6
Totals ...	1099	1009	1124	1208	1152	1075	353	325



FINDINGS AT MEDICAL INSPECTION.

WEIGHT, HEIGHT, AND CHEST MEASUREMENTS.

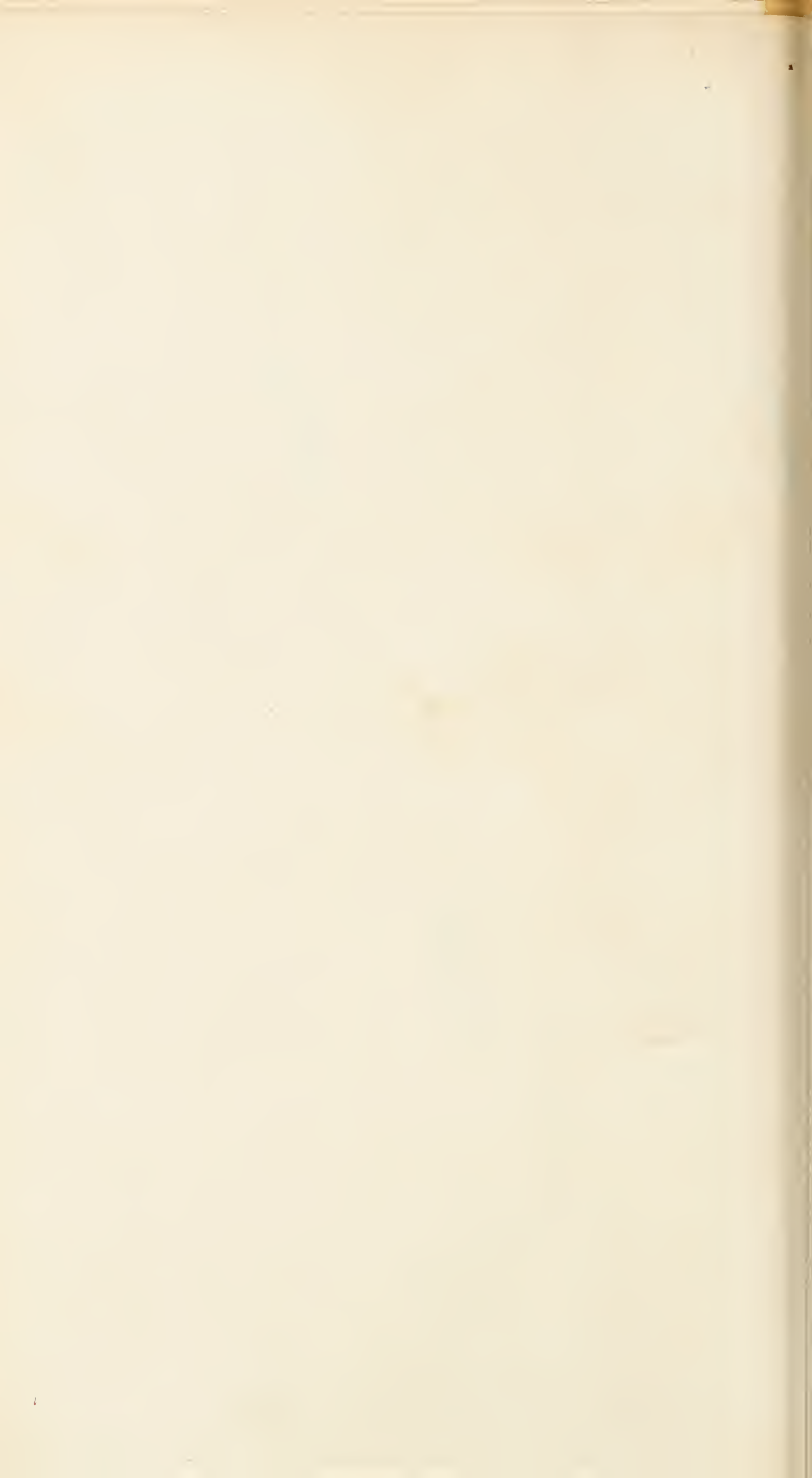
DETERMINATION OF THE EFFECT OF TEMPERATURE ON THE GROWTH OF THE

Year	Month	Day	Temperature	Growth
1911	Jan	1	5.0	0.0
1911	Jan	2	5.0	0.0
1911	Jan	3	5.0	0.0
1911	Jan	4	5.0	0.0
1911	Jan	5	5.0	0.0
1911	Jan	6	5.0	0.0
1911	Jan	7	5.0	0.0
1911	Jan	8	5.0	0.0
1911	Jan	9	5.0	0.0
1911	Jan	10	5.0	0.0
1911	Jan	11	5.0	0.0
1911	Jan	12	5.0	0.0
1911	Jan	13	5.0	0.0
1911	Jan	14	5.0	0.0
1911	Jan	15	5.0	0.0
1911	Jan	16	5.0	0.0
1911	Jan	17	5.0	0.0
1911	Jan	18	5.0	0.0
1911	Jan	19	5.0	0.0
1911	Jan	20	5.0	0.0
1911	Jan	21	5.0	0.0
1911	Jan	22	5.0	0.0
1911	Jan	23	5.0	0.0
1911	Jan	24	5.0	0.0
1911	Jan	25	5.0	0.0
1911	Jan	26	5.0	0.0
1911	Jan	27	5.0	0.0
1911	Jan	28	5.0	0.0
1911	Jan	29	5.0	0.0
1911	Jan	30	5.0	0.0
1911	Jan	31	5.0	0.0
1911	Jan	32	5.0	0.0
1911	Jan	33	5.0	0.0
1911	Jan	34	5.0	0.0
1911	Jan	35	5.0	0.0
1911	Jan	36	5.0	0.0
1911	Jan	37	5.0	0.0
1911	Jan	38	5.0	0.0
1911	Jan	39	5.0	0.0
1911	Jan	40	5.0	0.0
1911	Jan	41	5.0	0.0
1911	Jan	42	5.0	0.0
1911	Jan	43	5.0	0.0
1911	Jan	44	5.0	0.0
1911	Jan	45	5.0	0.0
1911	Jan	46	5.0	0.0
1911	Jan	47	5.0	0.0
1911	Jan	48	5.0	0.0
1911	Jan	49	5.0	0.0
1911	Jan	50	5.0	0.0
1911	Jan	51	5.0	0.0
1911	Jan	52	5.0	0.0
1911	Jan	53	5.0	0.0
1911	Jan	54	5.0	0.0
1911	Jan	55	5.0	0.0
1911	Jan	56	5.0	0.0
1911	Jan	57	5.0	0.0
1911	Jan	58	5.0	0.0
1911	Jan	59	5.0	0.0
1911	Jan	60	5.0	0.0
1911	Jan	61	5.0	0.0
1911	Jan	62	5.0	0.0
1911	Jan	63	5.0	0.0
1911	Jan	64	5.0	0.0
1911	Jan	65	5.0	0.0
1911	Jan	66	5.0	0.0
1911	Jan	67	5.0	0.0
1911	Jan	68	5.0	0.0
1911	Jan	69	5.0	0.0
1911	Jan	70	5.0	0.0
1911	Jan	71	5.0	0.0
1911	Jan	72	5.0	0.0
1911	Jan	73	5.0	0.0
1911	Jan	74	5.0	0.0
1911	Jan	75	5.0	0.0
1911	Jan	76	5.0	0.0
1911	Jan	77	5.0	0.0
1911	Jan	78	5.0	0.0
1911	Jan	79	5.0	0.0
1911	Jan	80	5.0	0.0
1911	Jan	81	5.0	0.0
1911	Jan	82	5.0	0.0
1911	Jan	83	5.0	0.0
1911	Jan	84	5.0	0.0
1911	Jan	85	5.0	0.0
1911	Jan	86	5.0	0.0
1911	Jan	87	5.0	0.0
1911	Jan	88	5.0	0.0
1911	Jan	89	5.0	0.0
1911	Jan	90	5.0	0.0
1911	Jan	91	5.0	0.0
1911	Jan	92	5.0	0.0
1911	Jan	93	5.0	0.0
1911	Jan	94	5.0	0.0
1911	Jan	95	5.0	0.0
1911	Jan	96	5.0	0.0
1911	Jan	97	5.0	0.0
1911	Jan	98	5.0	0.0
1911	Jan	99	5.0	0.0
1911	Jan	100	5.0	0.0

NUTRITION.

The following table shows the results of the experiments conducted during the year 1911. The table is divided into two main sections, one for the first half of the year and one for the second half. The first section shows the results of the experiments conducted during the first half of the year, and the second section shows the results of the experiments conducted during the second half of the year. The table is divided into four columns, one for each of the four experiments conducted during the year. The first column shows the date of the experiment, the second column shows the temperature of the water, the third column shows the amount of food consumed, and the fourth column shows the amount of food assimilated. The table shows that the amount of food consumed and the amount of food assimilated were both higher during the first half of the year than during the second half of the year. This was due to the fact that the temperature of the water was higher during the first half of the year than during the second half of the year.

The following table shows the results of the experiments conducted during the year 1911. The table is divided into two main sections, one for the first half of the year and one for the second half. The first section shows the results of the experiments conducted during the first half of the year, and the second section shows the results of the experiments conducted during the second half of the year. The table is divided into four columns, one for each of the four experiments conducted during the year. The first column shows the date of the experiment, the second column shows the temperature of the water, the third column shows the amount of food consumed, and the fourth column shows the amount of food assimilated. The table shows that the amount of food consumed and the amount of food assimilated were both higher during the first half of the year than during the second half of the year. This was due to the fact that the temperature of the water was higher during the first half of the year than during the second half of the year.



CLEANLINESS.

The condition of cleanliness in the schools has been maintained at the same level as in 1933. A slight fall is noticed in the number of children cleansed, but we find that the same offenders are dealt with time and time again. During 1935 it is proposed to continue our efforts to bring the parents of these children to realise that such neglect is definitely detrimental to the health of the children and that unless a permanent improvement is made the extreme measure of prosecution will be instituted.

SKIN DISEASE.

The number of skin ailments found during the year has shown a decided fall, this being chiefly noticeable in the number of cases of impetigo. This subject is dealt with more fully in the Clinic portion of the Report.

DEFECTIVE VISION AND EYE DISEASE.

The vision of all children over the age of six years is tested by the School Nurse, with Snellen's types, shortly before the visit of the Medical Inspector to the school.

The number of children referred for treatment or observation of defective vision has decreased during 1934. Only 4.5 per cent. of the children examined fell into this category, the figure for 1933 being 5.7 per cent.

The incidence of external eye disease has also fallen.

The appended tables show (a) the incidence of external eye disease in the various age groups and (b) the degree of vision recorded in the children tested with Snellen's types.

The incidence of external eye disease has shown a decrease, and the following table shows the incidence in the various age groups :—

Entrants	...	...	...	...	...	...	29
Intermediates	...	...	...	...	...	...	30
Leavers	...	...	...	...	...	...	14
Others	...	...	...	...	...	...	5
							<hr/>
		Total	...	...	...	...	78
							<hr/>

EYESIGHT.

		Number Examined.	V 6/6	V 6/9	V 6/12	V 6/18	V 6/24	V 6/36	V 6/60	V o/o	Cannot Read.	Not Tested.
Boys, 12 years	R	1152	1000	68	30	28	11	5	—	1	1	8
	L		92.7%	6.5%	—	—	—	—	—	—	1	8
Girls, 12 years	R	1075	1008	72	24	20	11	5	3	—	—	12
	L		93.8%	5.4%	—	—	—	—	—	—	—	12
Boys, 8 years	R	1124	868	128	33	24	6	1	3	—	—	12
	L		92.7%	6.2%	—	—	—	—	—	—	—	12
Girls, 8 years	R	1208	868	117	29	27	14	5	3	—	—	12
	L		91.6%	7.3%	—	—	—	—	—	—	—	12
Boys, 6 years	R	347	914	106	36	12	4	4	—	—	12	36
	L		90.7%	5.0%	—	—	—	—	—	—	12	36
Girls, 6 years	R	318	913	106	30	13	4	5	1	4	—	—
	L		90.7%	5.0%	—	—	—	—	—	—	—	—
Boys, other ages	R	315	985	132	22	15	7	7	—	—	4	36
	L		92.4%	4.3%	—	—	—	—	—	—	4	36
Girls, other ages	R	287	987	134	22	12	8	3	2	—	—	—
	L		92.8%	3.9%	—	—	—	—	—	—	—	—

TONSILS AND ADENOIDS.

The number of children referred by the School Medical Officers to the Specialists at the Hospitals and Clinics during 1934 for the further investigation of Chronic Tonsillitis and Adenoids was lower than in any year since 1923.

As I pointed out in the Report for 1933, since reaching a peak in 1931 the numbers had fallen each year, and 1934 has proved no exception. Of the routine inspections, 4.7 per cent. were considered to need treatment for these conditions, and 2.2 per cent. required further observation, a total of 6.9 per cent. In 1933 the figure was 7.5 per cent., in 1932 it was 9.3 per cent., while we have to go back as far as 1923 to find a comparable figure, *i.e.*, 7.9 per cent.

Administrative arrangements have been the same as in 1933 as regards the following up of these children.

The appended table gives details of the defects found in the various age groups.

TONSILS AND ADENOIDS.

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1934.

Age Group.	Enlarged Tonsils.		Tonsils and Adenoids.		Adenoids.		Total.	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Entrants, 5-6 years ...	142	6.7	128	6.0	16	.7	286	13.5
Intermediates, 8 years	64	2.7	70	3.0	7	.3	141	6.0
Leavers, 12 years ...	29	1.3	17	.8	2	.1	48	2.2
Other Age Groups ...	17	2.5	14	2.0	3	.5	34	5.0
Totals	252	3.4	229	3.1	28	.4	509	6.9

EAR DISEASE AND HEARING.

The percentage of children referred for treatment or observation of aural defects remained at the same figure as in 1932 and 1933. The incidence of defective hearing showed a slight increase while the cases of ear disease showed a corresponding decrease. As in previous years otitis media was the most common ear disease.

The following table gives details of the defects found in the various age groups :—

DEFECTIVE HEARING AND EAR DISEASE.

DEFECTS FOUND REQUIRING TREATMENT OR OBSERVATION
AT MEDICAL INSPECTION, 1934.

Age Group.	Ear Disease.	Per cent.	Defective Hearing.	Per cent.	Total.	Per cent.
Entrants, 5-6 years ...	29	1.3	... 23	1.1	... 52	2.4
Intermediates, 8 years	5	.2	... 50	2.1	... 55	2.3
Leavers, 12 years ...	14	.6	... 48	2.1	... 62	2.7
Other age groups ...	9	1.3	... 26	3.8	... 35	5.1
Totals ...	57	.8	... 147	2.0	... 204	2.8

ORTHOPÆDIC AND POSTURAL DEFECTS.

The number of children exhibiting such defects has shown a further decrease during the year. The number of children suffering from a degree of rickets sufficiently severe to call for active treatment remains low and the number suffering from spinal curvature has shown a decided fall. Children suffering from defects classed under the heading "Other Deformities" show an increase—practically all of these were suffering from flat feet.

In such cases treatment such as is given at the Remedial Clinic is likely to be of great benefit.

The diminution of the number of postural defects is largely due to the increased efficiency of and the interest taken in physical training, and it is hoped that these deformities will grow progressively smaller in number and less severe in character.

TUBERCULOSIS.

No children were diagnosed at the routine medical inspections to be suffering from pulmonary tuberculosis; fifteen children were, however, referred to the Tuberculosis Officer as "suspected" cases.

Two children were found to be suffering from tuberculosis of the bones and joints and one from glandular tuberculosis.

The number of children of school age notified during the year was made up as follows :—

Location of Disease.				Boys.		Girls.	Total.
Pulmonary Tuberculosis	...	...	101	...	88	...	189
Non-Pulmonary Tuberculosis	...	...	5	...	6	...	11
Totals	...	...	106	...	94	...	200

FOLLOWING UP.

The arrangements for following up were as outlined in the Report for 1932.

The assistance of the National Society for the Prevention of Cruelty to Children must again be acknowledged.

Particulars of the work carried out are appended :—

HEALTH VISITING WORK.

Visits paid to the homes of :—

Dental Cases	...	...	...	...	100
Vision Cases	...	...	...	...	699
Ear, Nose, and Throat Cases	...	...	...	...	538
Skin Cases	...	...	...	...	818
General Conditions	...	...	...	...	931
					— 3,086

Visits paid to schools	...	...	...	...	2,576
					— 5,662

MUNICIPAL CLINICS.

INSPECTION CLINIC.

This Clinic was held, as in former years, on Wednesday afternoons. The children seen there fell into the same groups as in previous years—the largest number presented signs of bronchitis and other chest troubles, while disorders of the ear, nose, and throat, and children suffering from nutritional disturbance, accounted for a further large proportion of the attendances.

A larger number of children were seen during the year who were suffering from infectious disease. In view of the outbreak

of diphtheria, this was perhaps unavoidable ; many children brought to the Clinic with, according to the parents, a "sore throat," presented on examination clinical and bacteriological symptoms of diphtheria.

It must be again repeated that should any suspicion arise in the mind of parents or teachers that a child is suffering from any form of infectious disease, attendance at the Clinic should not be advised. Occasionally a delay of a day or so occurs before the child is brought to the Clinic—while there the patient must of necessity mix with others and thus spread infection.

SKIN DISEASE.

During 1934 the number of cases of impetigo coming to our notice showed a decrease of 20 per cent., while the number of cases of scabies and ringworm of the body also showed diminution. The number of children found to be suffering from other minor skin complaints increased. It is felt that the reduction in the incidence of impetigo has been due to some extent, at least, to the institution of branch Clinics in the outlying districts, where the disease can be dealt with more promptly than is possible with only the central Clinic available.

These branch Clinics were also probably responsible for the apparent increase in the number of other minor skin conditions ; cuts, bruises, and other slight injuries, which were previously dealt with at home, were sent to these Clinics as soon as they became available.

Treatment of all these ailments has followed the lines previously laid down.

The Marcussen treatment for scabies has been continued with excellent results, the co-operation of the Sanitary Department being enlisted to carry out home disinfections.

The number of children found to be suffering from ringworm of the scalp increased during 1934. This is, in part, due to the fact that the diagnostic lamp, described in last year's Report, has enabled us to diagnose this condition with greater speed and accuracy. One school which showed a preponderating incidence of ringworm was visited by the Medical Officer, and every child was submitted to examination under the filtered ultra-violet rays of the diagnostic lamp. Six children, previously

unsuspected of suffering from this complaint, were found to have ringworm of the scalp, and were promptly excluded from school and treatment instituted.

Treatment of this condition by means of X-Rays was continued, with good results. Of the children discharged from the Clinic as cured during 1934, who had been treated by this means, the average period of absence from school after the application was 96 days—but this period is considerably in excess of the time during which the child was actually contagious. A reasonable growth of hair was awaited prior to the child's re-admission to school, with a view to avoiding disturbance both to the child's feelings and those of its associates.

Of the cases discharged as cured during 1934, who had been treated by means *other* than X-Ray, the average period of absence from school was 223 days. A table is appended showing details of the cases dealt with by both methods in 1933 and 1934 :

A.—Cases treated by X-ray.

Year.	Number of Cases.	Shortest period of absence from school.	Longest period of absence from school.	Average period of absence from school.
			After X-ray.	
1934	16	27	233	96
1933	33	35	166	89
Total	49	27	233	91

B.—Cases treated by other methods.

Year.	Number of Cases.	Shortest period of absence from school.	Longest period of absence from school.	Average period of absence from school.
1934	6	57	714	223
1933	12	35	502	224
Total	18	35	714	224

These tables indicate that X-Ray treatment results in ability to return to school within three months of the time of application, while other forms of treatment generally result in absence for at least seven-and-a-half-months. This latter period is quite definitely an understatement, although based on the figures in the above tables. This is illustrated by the fact that, of the sixteen children treated by X-Rays during 1934, the period of absence of nine of these *prior* to such treatment was:—

1	...	662 days.	6	...	264 days.
2	...	642 „	7	...	216 „
3	...	498 „	8	...	187 „
4	...	457 „	9	...	159 „
5	...	271 „			

The average period of absence for these nine children before X-Ray was thus 373 days—a complete year. The delay in a number of these instances was due to the fact that the children were under the age at which X-Ray is practicable, and were dealt with immediately on attaining that age. In other cases the parents were reluctant to permit this method of treatment until prolonged trials of other methods had been made.

We may thus claim that the average period of absence of children treated by X-Ray is only a quarter of that of children dealt with by other methods.

The following table shows the number of children dealt with for this ailment:—

The number of cases remaining under treatment at the end of 1933 was	...	...	...	16
The number of new cases diagnosed during 1934 was	...	...	...	21
The number of cases discharged during 1934 was...				22
Thus the number of cases remaining under treatment at the end of 1934 was	...	...	...	15

EXTERNAL EYE DISEASE AND VISION.

During 1934 three sessions per week were devoted to the investigation and treatment of all forms of eye defects.

This department, while mainly concerned with the defects of vision and the correction of squint, also treats all internal and external diseases of the eye, and such operative treatment as does not require absence from home is also performed.

Major eye operations are carried out at the Free Eye Hospital, in the beds under the care of the Authority's Ophthalmic Surgeon, who arranges for the admission of all cases seen at the Clinic who

require such treatment. The fact that Dr. Keyms is also Honorary Assistant Surgeon to the Eye Hospital makes for close co-operation between that Institution and the Clinic.

The ailments treated were as outlined in the Report for 1933, and, as in that year, certain cases of phlyctenular ulceration were treated at the Artificial Sunlight Clinic.

The following table gives details of the work carried out by the Specialist :—

	1934.	1933.	1932.
Cases seen by the Specialist ...	1,218	971	961
Submitted to refraction ...	1,076	828	851
Glasses prescribed ...	643	533	638
Received other treatment ...	133	116	89
Placed under observation ...	374	267	101
Found not to require treatment	118	100	133

The inspection of the glasses supplied to school children has been continued throughout 1934. A representative of the appointed opticians has visited the schools once during each school term. This has had beneficial results, as far as the wearing and preservation of glasses in a good condition has been concerned.

The following table gives comparative figures for 1932 and 1934 on the results of these visits :—

NUMBER OF CHILDREN	1932	1934
With :—		
Crooked Frames ...	202	324
Lenses Turned ...	70	37
Broken Lenses ...	28	16
Broken Sides ...	28	55
Frame too small ...	80	8
Frame bad fit ...	46	27
Ordered Glasses but not wearing ...	391	275
Reported to School Medical Officer ...	408	64

As in previous years, the Education Committee have undertaken the supply of glasses in those cases where the parents are unable themselves to provide them, and the cost of repairs has also been defrayed.

During the year 160 children have been supplied free by the Education Committee, and 19 children were supplied on condition that the cost was repaid by instalments.

TONSILS AND ADENOIDS.

The number of operations under the Authority's scheme at the Borough Hospital showed a small increase during the year. The parents now appreciate the advantages of permitting their children to enter Hospital for the performance of such operations.

As in the previous year, one consultation session and one operation session per week sufficed to deal with the waiting list until the later months, when one extra session per month for consultation was added. During 1935 three sessions per week will be held, and increased facilities for treatment provided.

The charge made for maintenance and operation at the Hospital is now £1 4s. 4d. per head. This charge is only made where the income of the parents falls within the scale printed on page 73. The arrangement with the Southampton Hospitals Contributory Scheme for the collection of a fixed sum in cases where the parents are members of the Scheme was continued during the year.

Co-operation with the Speech Clinic was also maintained.

The following table gives details of the work carried out at the Clinic :—

Tonsils and Adenoids.

				1934.	1933.	1932.
Cases re-examined	...	...	...	689	625	652
Cases recommended for operative treatment	...	...	...	389	349	526
Operations performed	...	...	...	387	310	480
Other forms of treatment given	...	...	...	300	276	264

EAR DISEASE AND HEARING.

The work carried out at the Clinic in connection with the treatment of defective hearing and ear disease followed routine lines. As in the previous year, Otitis Media, foreign bodies and minor affections were the most numerous reasons for the children's attendance.

This work was again closely associated with the treatment of Tonsils and Adenoids.

Ionisation treatment of discharging ears has been continued with success.

Details of the numbers treated by this method appear below :—

Ionisation Treatment.

					1934.	1933.	1932.
Ears Ionised	...	...	...	...	24	23	57
Applications	...	...	...	...	33	40	76

DENTAL DEFECTS.

For the third consecutive year all the children attending the Elementary Schools in the Borough were inspected by the School Dentists, children in the nursery classes being included in the examinations. In addition, dental inspection was carried out at the Secondary Schools for the first time. The administrative scheme detailed in a previous Report was continued throughout the year.

Considerably more than 50 per cent. of the children seen were selected for treatment, the majority of such selections being in the younger age groups. It is our experience that extensive caries is largely found in the younger children; even in the pre-school child, seen in conjunction with the Maternity and Child Welfare Service, was extensive extraction necessary. The important part played by the deciduous teeth in the development of the jaws cannot be over-emphasised, and the effects bad teeth have on the general health of the children are far reaching.

In order to impress these and other points on the children, a further series of lectures were given by the Dental Board of the United Kingdom; as time did not permit each school being visited, schools were selected where the response to offers of treatment was not good. There can be no doubt that these lectures and demonstrations had a good effect, in some cases leading to an immediate improvement in the number of children attending. A further measure introduced during the year was that of revisiting selected schools, and arranging for the parents of children who had refused treatment to be interviewed by the Dentist. This resulted in the attendance of a number of cases which had previously refused treatment. It is felt that constant reminders in the form of lectures and demonstrations are necessary to impress both children and parents of the importance of oral hygiene.

As has been mentioned in the introduction, it is proposed to carry out dental treatment in the branch Clinics in 1935. It is hoped that this will result in a better response from the schools in the outlying districts.

Where multiple extractions are necessary, it has been found more satisfactory to administer a general anæsthetic. This has appealed to the majority of the parents, and it has resulted in the number of visits to the Clinic by each child being reduced, while it has been possible for the children to be treated in a manner more satisfactory to the Dentist. In previous years a number of children have refused to return after the first visit, and the treatment has thus been only partially carried out. Such neglects have been less frequent among those treated under a general anæsthetic.

Much attention has again been paid to the conservation of the permanent teeth, and the number of fillings carried out during the year has considerably increased. The number of extractions has increased, but, as in 1933, only represents the extraction of 1.4 teeth per child attending.

In the Secondary Schools an even larger percentage of children were found to require treatment. Only a few of these were treated at the Clinic, the majority of the parents electing to obtain advice from private dentists. The proportion of filling work to extraction work in this group is more satisfactory; of the number actually treated, each child had, on an average, two fillings and only .6 extractions.

ORTHOPÆDIC CLINIC.

As in previous years, the school population has been responsible for the greater part of the cases treated at the Orthopædic Clinic. This Clinic is attended by one of the surgeons from Alton, who is assisted by one of the assistant Medical Officers, and by a fully trained masseuse, who is responsible for the Remedial exercises and for massage and electrical treatment.

Callipers, splints, spinal jackets, special boots, crutches, and other instruments have been supplied during the year, and cases requiring in-patient treatment have been admitted to the Lord Mayor Treloar Cripples' Hospital and College.

The Remedial Clinic has continued to grow, and it is now impossible to cope with the work in the time at the masseuse's disposal, and it will very soon be necessary to employ a full-time masseuse in order to give the necessary number of treatments.

A large number of cases require individual attention, and with a full-time officer this would be possible.

The following is a list of the school children who attended during the year :—

Ankle, fracture of	...	...	...	...	...	...	1
Anterior poliomyelitis	...	...	...	...	...	...	17
Arachnodactyly	...	...	...	...	...	...	1
Congenital—Absence of Pectorals	...	...	...	...	...	...	1
Deformity of Toes	...	...	...	...	...	...	4
Deformity of Spine	...	...	...	...	...	...	3
Dislocation of Hip	...	...	...	...	...	...	3
Dislocation of Patella	...	...	...	...	...	...	2
Metatarsal varus	...	...	...	...	...	...	1
Multiple Deformities	...	...	...	...	...	...	1
Short leg	...	...	...	...	...	...	2
Weakness of deltoid	...	...	...	...	...	...	1
Femur, old fracture of	...	...	...	...	...	...	1
Hallux rigidus	...	...	...	...	...	...	1
Hallux valgus	...	...	...	...	...	...	5
Hammer Toes	...	...	...	...	...	...	3
Injury to—Finger	...	...	...	...	...	...	2
Foot	...	...	...	...	...	...	2
Hand	...	...	...	...	...	...	1
Knee—Ankylosis of	...	...	...	...	...	...	1
Internal derangement of	...	...	...	...	...	...	4
Chronic synovitis of	...	...	...	...	...	...	1
Metatarsalgia	...	...	...	...	...	...	1
Osteomyelitis	...	...	...	...	...	...	3
Pes cavus	...	...	...	...	...	...	6
Pes planus—Simple	...	...	...	...	...	...	86
With valgus	...	...	...	...	...	...	25
With peroneal spasm	...	...	...	...	...	...	2
Pseudo-coxalgia	...	...	...	...	...	...	2
Rheumatoid arthritis	...	...	...	...	...	...	3
Rickets—Bowed tibiæ	...	...	...	...	...	...	2
Genu valgum	...	...	...	...	...	...	12
Renal	...	...	...	...	...	...	1
Schlatter's disease	...	...	...	...	...	...	1
Spastic Hemiplegia	...	...	...	...	...	...	10
Paraplegia	...	...	...	...	...	...	4
Spinal deformities—Kyphosis	...	...	...	...	...	...	87
Kypho-scoliosis	...	...	...	...	...	...	29
Kypho-scolio-lordosis	...	...	...	...	...	...	1
Scoliosis	...	...	...	...	...	...	42
Spondylitis deformans	...	...	...	...	...	...	1
Torticollis	...	...	...	...	...	...	1
Tuberculosis of—Ankle	...	...	...	...	...	...	1
Dactylitis	...	...	...	...	...	...	1
Hip	...	...	...	...	...	...	15
Knee	...	...	...	...	...	...	7
Shoulder	...	...	...	...	...	...	1
Spine	...	...	...	...	...	...	2
Wrist	...	...	...	...	...	...	1
Volkmann's Ischamine Contracture	...	...	...	...	...	...	1
Warts, plantar...	...	...	...	...	...	...	2

Non-Orthopædic.

Nil abnormal detected	...	...	...	...	...	...	10
Old nasal obstruction	...	...	...	...	...	...	1

RHEUMATIC AND HEART CLINIC.

This Clinic, as formerly, was held on one afternoon session per week. The children referred to it were those who, at routine or special inspection, displayed signs or symptoms of rheumatism or of some cardiac defect. The function of the Clinic remains supervisory, and modifications of home or school environment were, as far as possible, effected where it appeared to be necessary. During the course of the year several children were sent to the Voluntary Hospitals for treatment; a few others, in whose case a change of environment appeared to be essential, were sent to the open-air school, at Ventnor.

Assistance was frequently requisitioned from the Dental and Ear, Nose and Throat Departments.

The following tables show the number of children supervised during the year, and give details of the outstanding particulars found on examination :—

TABLE A.

Number of children remaining under supervision, December, 1933	...	64
Number of children seen for the first time during 1934	... ..	95
Discharged during 1934	... ..	72
Number remaining under supervision, December, 1934	... ..	87

The following table relates to those children seen for the first time during 1934.

TABLE B.

Children who were suffering from or gave history of :—

Rheumatic Fever	... ..	11
Rheumatic Pains	... ..	30
Chorea	... ..	3
Lesser disturbance of the nervous system		17

The following were suspected or showed evidence of cardiac abnormality :—

TABLE C.

Definite Carditis	... ..	18
Suspected Carditis	... ..	16
Congenital abnormality	... ..	5

The following conditions were also diagnosed :—

TABLE D.

Emotional Tachycardia	...	...	...	7
Hyperthyroidism	...	...	...	3
Chronic Bronchitis	...	...	...	2
Unresolved Pneumonia	...	...	...	1
Flat Foot	...	...	...	8
Cardio Respiratory Murmur	...	...	...	14

TUBERCULOSIS.

The Tuberculosis Officer has supplied the following notes on the treatment of tuberculosis in children during 1934.

“ From the statistics of 1934 relating to tuberculosis in children, it is at once evident that there has been apparently an enormous increase in the incidence of this disease. A few explanatory words seem desirable.

It is well known that in an urban area about 80 to 90% of children have been attacked by the tubercle bacillus by the time they reach the age of 15 years. All degrees of ill-health result, from the most negligible and harmless to the fulminating forms ending in death. Fortunately, tuberculosis is not a common cause of death in children, and the vast majority of children show no evidence of the disease except by a positive skin reaction. With these the Tuberculosis Department does not deal. In a group of children, however, there are signs and symptoms of pulmonary tuberculosis of sufficient severity to receive the attention of the Department. Such manifestations vary in severity from irregular and protracted evening temperature, chronic lassitude and loss of appetite, frequent colds and coughs, excessive growth about the age of puberty, to pleurisy with effusion, pneumothorax, lung infiltration with perhaps a positive sputum. Tubercle bacilli are found in children in only a very few cases. This is on account of the lymphatic arrangement in the child's lung, and often its inability to expectorate properly. Where stomach lavage has been practised on a large scale, the incidence of sputum positive cases has been much higher.

The routine examination of the contacts of these children reveals many unsuspected sputum positive cases of tuberculosis. Where direct contact cannot be traced, it happens in not a few cases that a member of the household has recently died of tuberculosis. A sputum positive case of tuberculosis in a household is a grave menace to all the other occupants, especially to children. It is for this reason that many children, who are showing signs of tuberculosis in only its minor forms, are being kept under observation by the Department. From time to time, major signs arise in these children, and with prompt treatment recovery results. Of the notified cases of children, over 50% show X-ray appearances of cavitation, and their toxic state demands sanatorium treatment.

Whether childhood tuberculosis is an important factor in the ætiology of young adult tuberculosis is a question upon which authorities are divided. However, it is felt by the Department that there is some connection between the two, and although direct proof may be lacking, and perhaps impossible to produce, evidence of a circumstantial nature can be produced in support of this contention.

This work on childhood tuberculosis has been neglected of recent years by the Tuberculosis Department, and was only recommenced at the beginning of 1934. Accordingly the comparatively high incidence of children's notifications may represent the accumulation of the past six or seven years, and doubtless will be less in future."

ARTIFICIAL SUNLIGHT CLINIC.

As in 1933, this Clinic has been held on two sessions per week. Treatment is administered by a nurse with special training in this class of work, under the supervision of a Medical Officer.

The ailments treated were of a very similar character to those described in the Report for 1933, and the appended table shows that encouraging results were obtained. Both school children and pre-school children are catered for at this Clinic.

Of the children attending for the first time during 1934, three-quarters were classed, after treatment, as cured, or as showing definite improvement, while of the remaining number, half had ceased to attend before the completion of treatment. This fact is largely attributable to the prevalence of infectious disease during the year—cases occurring in the homes of these children rendering isolation of contacts necessary.

The following table gives details of the children treated during 1934 :—

Ailment.	No.	Cured or very much Improved.	Definite Improve- ment.	No material Improve- ment.	Ceased Attend- ing.
Cervical Adenitis ...	14	7	4	1	2
Blepharitis ...	2	1	—	1	—
General Debility ...	22	8	8	2	4
Rheumatism ...	10	7	3	—	—
Asthma ...	1	—	—	1	—
Bronchitis ...	2	1	—	1	—
Rickets ...	3	—	2	—	1
Phlyctenular ...	1	—	—	—	1
Chorea ...	4	2	1	1	—
Furunculosis ...	4	4	—	—	—
Totals ...	63	30	18	7	8

SYDNEY HOUSE SCHOOL CLINIC.

This Clinic is held, as formerly, on two afternoons per week, and, as mentioned in last year's Report, the cases attending can be classified under the headings of (a) supervision of physical defects, (b) the treatment of casualties, and (c) the treatment of minor ailments. 1934 showed an increase in all these groups ; the majority of those in the first category, due in all probability to the economic conditions of the time, are observed at intervals, and defects in the general mode of living and environment are advised upon. When definite disease is diagnosed the children are sent, either to their own practitioner, or to a specialist in the particular disease.

This particularly applies to those suspected of tubercle, of which a considerable number of children showed signs or early symptoms, and who were referred to the Tuberculosis Officer.

The number of casualties during the year increased and covered anything from minor bruises to broken bones. The majority of these, including all fractures, have been sent to the Royal South Hants Hospital for X-Ray and treatment.

SPEECH CLINIC.

The trial class for stammering children held during the period, September, 1932, to April, 1933, was the nucleus of the Speech Clinic for Elementary School children, which opened in November, 1933, following a tour of the schools by the Instructor-in-charge in October of that year.

During 1934 considerable headway was made, and, at the request of the Board of Education, the Instructor-in-charge of the Speech Clinic (in collaboration with the Medical Officer supervising the Speech Clinic and the Dental Clinic) submits the following full report on the working of the scheme :—

	Number on Register			Number Admitted			Number Discharged			Number on Register		
	1st Jan., 1934.			during 1934.			during 1934.			31st Dec., 1934		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Stammerers	26	10	36	7	4	11	11	7	18	22	7	29
Speech Disorders other than Stammering	3	1	4	6	1	7	0	1	1	9	1	10
	29	11	40	13	5	18	11	8	19	31	8	39

With one exception, all the above children were over seven years of age on 31st December, 1934.

The children discharged were classified as follows :—

	Stammerers.	Disorders of Speech other than Stammering.		Total.
Provisionally Cured	6 (a)	...	...	6
Much Improved	5 (b)	...	...	5
Slightly Improved	3 (c)	...	...	3
No material Improvement	2 (d)	...	...	2
Ceased treatment prematurely	2 (e)	1 (f)	...	3
	18	1		19

(a) Five of these have left school.

(c) All of these have left school.

(b) One of these has left school, and in two cases a slight stammer is only noticeable at school.

(d) Both these have left school.

(e) One of these has left school.

(f) Has left school.

Children were not admitted until November, 1933, and many discharges under the classification "Provisionally Cured" could not be expected during 1934.

Many of the children were in their last year at school, and, although it was realized that they would not have sufficient treatment before leaving to effect cures, it was felt that they ought to have the benefit of some treatment before seeking employment.

In several cases parents allowed their children to remain at school an extra six months, in order to attend the Speech Clinic.

That this procedure was worth while may be evidenced from the following particulars of seven children who were discharged (with one exception) before the summer vacation. The following up was carried out by the School Attendance Department.

Sex.	Speech on Admittance.	First Attendance.	Discharged.	Condition when Discharged.	Report, February, 1935.
1. Male	... Severe stammer	... 20/9/32	... 24/3/34	... Provisionally Cured	... Speech steady. Employed G.P.O. by examination.
2. Male	... Slight stammer	... 7/11/33	... 24/3/34	... Provisionally Cured	... Speech improvement main- tained. At sea.
3. Female	... Severe stammer	... 24/9/32	... 11/4/33	... Much improved	... Great improvement in speech. Good situation, domestic service.
4. Male	... Severe stammer	... 7/11/33	... 17/7/34	... Provisionally Cured	... Improvement maintained. Shop assistant.
5. Female	... Slight stammer (primary cause— chorea)	... 6/11/33	... 31/7/34	... Much improved	... Relapsed slightly. Domes- tic service.
6. Male	... Slight stammer (primary cause— chorea)	... 10/11/33	... 19/10/34	... Slight improvement	... No further improvement in speech. Employed.
7. Male	... Severe stammer	... 7/11/33	... 25/6/34	... Slight improvement	... No further improvement in speech. Employed.

Children (1) and (3) attended the trial class, and resumed treatment when the Speech Clinic was established.

The increasing interest manifested by teachers and parents of children attending the Speech Clinic, and of the local public in general, is gratifying. Parents now seek advice for their children.

The working is, in the main, as at the start. Four groups of stammering children attend as follows :—

Group.	No.	Boys or Girls.		Classification.			Attendance.
A	6	...	Boys	...	Severe	...	Once weekly as a class, and once individually.
B	9	...	Boys	...	Moderately severe		Twice weekly as a class.
C	9	...	Boys	...	Slight and observation		Once weekly as a class, and some individually.
D	9	...	Girls	...	Mixed	...	Twice weekly as a class.

Each class lasts one hour. Individual treatment approximately twenty minutes per child.

It will be noticed that the only difference is a numerical one. Classes are now limited to nine children.

Four sessions weekly are devoted to group work, as described above.

One session is reserved weekly for speech disorders other than stammering. Stammerers have been excluded from this session since October. Up to that time this session had been devoted to individual speech defect cases and very severe stammering cases. In view of the large number of speech defect cases requiring treatment, and the four weekly sessions already given entirely to stammering work, it was decided that the fifth session should be reserved for disorders of speech other than stammering.

Classifications of the eleven children who were treated at this session during 1934 are as follow :—

6 Cleft palate.	1 Paresis.
2 Idioglossia.	1 Defective articulation.
1 Aphasia.	

Improvement in these cases is necessarily slow, but all are progressing, and speech which on admittance was unintelligible has become understandable, even if an æsthetic standard has not been reached. The children who attend this session (held on Saturday mornings) are particularly keen. Improvement can be realized by the children from week to week, and, thus encouraged, they have the necessary incentive to persevere.

The co-operation of the Dental Clinic was secured in cases in which dental prosthetics were necessary, e.g., cleft palate. Two children were fitted with plates—in one case successfully. In the second case it was decided to postpone further treatment until the child was older and more willing to co-operate. Obturators will be supplied as occasion demands.

In lieu of a Child Guidance Clinic, the co-operation of the Psychological Clinic was obtained in cases in which the assistance of a psychiatrist seemed an advisable adjunct to the Speech Clinic treatment.

Number of children attending the Speech Clinic during 1934 who were referred to the Psychological Clinic :—

Boys.		Girls.		Total.
5	...	1	...	6

A circular letter was forwarded to local Elementary Schools (all departments) in July. Head teachers were asked to forward particulars of children requiring specialized treatment for speech disorders. The number of children listed as a result of this letter was two hundred and sixty. At the time 24,257 children were on the registers.

From November the Speech Clinic was granted by the Education Committee (with the approval of the Board of Education) an extra weekly session for three purposes, viz. :—

- (a) School visiting to enable the Instructor-in-charge to keep in touch with the teachers and to further co-operation, especially in cases of stammering.
- (b) Visits to the Special School where educable children were in need of remedial speech training.
- (c) Prophylactic work. Consulting sessions when parents attend with young children for advice.

Although this session has not been in existence long, it is working well. As a result, the Instructor-in-charge is in contact with all the Elementary School children of the Borough.

Early in the year the County Medical Officer of Health visited the Speech Clinic. Later arrangements were made for a child outside the Borough to receive treatment at the Clinic. Owing to the large number of local children on the waiting list, it is unlikely that many children will be admitted from this source.

CONGENITAL SYPHILIS.

As stated in my last Report, the School Medical Service and the Venereal Disease Service work in co-operation in dealing with those children suspected to be suffering from this ailment.

Clinics have been held during the year by the Venereal Diseases Officer and the Senior Assistant School Medical Officer, and clinical and pathological examinations carried out.

Children are referred to these sessions from all branches of the service, *i.e.*, from the Clinics as well as from routine medical inspection.

The following table shows the number of cases of congenital syphilis under treatment at the end of 1933 and 1934 :—

			Boys.	Girls.	Total.
1934	Between the ages of 5 and 15	...	6	6	12
1933	Between the ages of 5 and 15	...	8	8	16

MUNICIPAL CLINICS.

The days and hours on which the various Clinics are held are as follow :—

1 East Park Terrace, Southampton.

EAR, NOSE, AND THROAT CLINIC.

Monday, 9 a.m. (by appointment).

Thursday, 9 a.m. (by appointment).

OPHTHALMIC CLINIC.

Tuesday, 2 p.m. (by appointment).

Wednesday and Friday, 9 a.m. (by appointment).

SKIN CLINIC.

Tuesday and Friday (Medical Officer), 2 p.m.

Daily by Nurses.

INSPECTION CLINIC.

Wednesday, 2 p.m.

DENTAL CLINIC.

Monday to Friday, 9 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

Thursday mornings for gas cases, and Thursday afternoons for casuals.

Saturday mornings for Orthodontic work.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

RHEUMATIC AND HEART CLINIC.

Thursday, 2 p.m. (by appointment).

ARTIFICIAL SUNRAY CLINIC.

Tuesday, 9.30 a.m. to 12 noon, and Friday, 2 p.m. to 4 p.m. (by appointment).

ORTHOPÆDIC CLINIC.

Wednesday, 2 p.m.

REMEDIAL EXERCISES CLINIC.

Monday and Thursday, 9 a.m. to 12 noon (by appointment).

SPEECH CLINIC.

Clinics for speech defects are held on Monday morning, Tuesday morning, Friday morning and afternoon, and on Saturday morning.

DIPHTHERIA IMMUNISATION CLINIC.

Monday and Thursday afternoons, 2 p.m. to 4.30 p.m.

Sydney House, Pear Tree Avenue, Bitterne.

SCHOOL CLINIC.

Wednesday and Friday, 2 p.m. to 5 p.m.

DENTAL CLINIC.

Monday to Thursday, 9 a.m. to 12 noon, and 2 p.m. to 5 p.m.
Friday, 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

Thursday afternoon for casuals.

Saturday morning for gas cases.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

(School Dental Inspection is carried out on Friday morning ; no Dentist or Nurse is then available.)

Appointments are made for children attending all these Clinics by the Medical Officers or Health Visitors.

Appended is a summary of the attendances made at the various Clinics during the year :—

I, EAST PARK TERRACE.

Visits of children to :—				First Visits.	Revisits.	Total.
Dental Clinic	...	...	...	4,550	5,288	9,838
Ophthalmic Clinic	...	...	...	923	2,671	3,594
Ear, Nose, and Throat Clinic	...	...	...	710	1,161	1,871
Skin Clinic	...	...	...	1,443	6,883	8,326
General Inspections	...	...	...	535	1,236	1,771
Special Investigations	...	...	...	241	82	323
Orthopædic Clinic	...	...	...	233	3,611	3,844
Rheumatism and Heart Clinic	...	...	...	97	175	272
Totals				8,732	21,107	29,839

BOROUGH HOSPITAL.

Number of operations carried out ... 387

SYDNEY HOUSE CLINIC.

Visits of children to :—				First Visits.	Revisits.	Total.
Dental Clinic	...	...	...	2,353	2,804	5,157
Skin Clinic	...	...	...	459	2,413	2,872
General Inspections	...	...	...	662	1,391	2,053
Totals				3,474	6,608	10,082

INFECTIOUS DISEASE.

Infectious disease was very prevalent during 1934, diphtheria cases among the school population showing an increase of over 300 per cent. over the previous year, and the incidence was in fact the highest yet recorded.

All possible steps were taken to control the outbreak ; schools were visited by the Medical Officers and nurses, swabs were taken, disinfection arranged, and the supervision of contacts undertaken. The school most seriously affected was one in which a considerable number of the pupils were resident in an institution, to which the outbreak could be traced, and to which it was confined.

The introduction of immunisation against diphtheria took place at the beginning of the year, and, although progress had been made, the percentage of the school population immunised was far too small to have any considerable effect in stemming the epidemic.

The number of cases of scarlet fever also increased, though not to the same extent as diphtheria. Here, as in all outbreaks of infectious disease, all possible steps were taken to prevent the spread.

The notifications received from the teachers under the Southampton Corporation Act, 1930, were the means of bringing to light at an early stage several minor epidemics. In the early part of the year chicken pox was very prevalent ; the 1,163 cases of mumps reported were fairly evenly distributed throughout the year. Whooping cough seemed most noticeable in the summer months, although no definite peak period occurred. Six hundred and seventy-three cases of measles were reported, the latter part of the summer seeing the occurrence of 370 of these.

In all, chicken pox, measles, whooping cough and mumps accounted for the receipt of 2,400 notifications ; each occurrence was investigated in the schools by the Health Visitor, and, where it was considered necessary, these investigations were carried further to the patient's home.

In addition, the teachers reported the existence of all cases of diphtheria, etc., shown in the table below, and many cases of contagious illness (skin complaints, etc.).

The appended tables show the incidence of the various notifiable diseases in the schools during the year.

INFECTIOUS DISEASES.

				1934.	1933.	1932.	1931.
Diphtheria	...	...	...	342	109	59	92
Scarlet Fever	...	...	...	332	284	93	93
Enteric Fever	...	...	...	—	1	1	—
Acute Poliomyelitis	...	...	...	2	5	1	2
Typhoid Fever	...	...	...	—	—	—	1
Para-Typhoid	...	...	...	1	1	2	—
Cerebro-Spinal Fever	...	...	...	1	1	2	—

EPIDEMIC AND INFECTIOUS DISEASES.

1st January to 31st December, 1934.

				Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-Spinal Fever.	Acute Polio-myelitis.
Mount Pleasant.								
Boys' Department	...	2		2	—	—	—	—
Girls' „	...	6		4	—	—	—	—
Infants' „	...	12		5	—	—	—	—
Deanery Senior.								
Boys' Department	...	15		9	—	—	—	—
Girls' „	...	10		5	—	—	—	—
Swaythling.								
Senior Department	...	3		1	—	—	—	—
Junior Mixed Department	...	6		6	—	—	—	—
Infants' „	...	8		10	—	—	—	—
Regent's Park.								
Boys' Department	...	—		—	—	—	—	—
Girls' „	...	4		7	—	—	—	—
Infants' „	...	4		6	—	—	—	—

Cerebro- Acute
Spinal Polio-
Fever. myelitis.
Enteric
Fever.
Scarlet
Fever.
Diphtheria.

Middle Road.

Infants' Department ...	—	1	—	—	—
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Western District.

Boys' Department ...	6	4	—	—	—
Girls' „ ...	9	6	—	—	—
Infants' „ ...	4	3	—	—	—

Central District.

Boys' Department ...	6	9	—	1	—
Girls' „ ...	24	4	—	—	—
Infants' „ ...	14	12	—	—	—

Para-Typhoid, 1.

Coxford.

Infants' Department ...	7	4	—	—	—
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Portswood.

Boys' Department ...	2	1	—	—	—
Girls' „ ...	—	6	—	—	—
Infants' „ ...	3	4	—	—	1

Foundry Lane.

Boys' Department ...	2	3	—	—	—
Girls' „ ...	2	11	—	—	—
Infants' „ ...	2	4	—	—	—

Bitterne Park.

Boys' Department ...	4	2	—	—	—
Girls' „ ...	3	3	—	—	—
Infants' „ ...	4	6	—	—	—

Bevois Town.

Boys' Department ...	1	13	—	—	—
Girls' „ ...	—	12	—	—	—
Infants' „ ...	1	7	—	—	—

Sholing.

Boys' Department ...	1	7	—	—	—
Girls' „ ...	5	8	—	—	—
Infants' „ ...	6	11	—	—	—

St. Mary's.

Infants' Department ...	7	9	—	—	—
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		Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro- Spinal Fever.	Acute Polio- myelitis.
Northam.						
Boys' Department	...	4	3	—	—	—
Girls' „	...	I	3	—	—	—
Infants' „	...	9	7	—	—	—
St. Mark's.						
Boys' Department	...	2	3	—	—	—
Girls' „	...	2	2	—	—	—
Infants' „	...	I	—	—	—	—
Freemantle C. of E.						
Boys' Department	...	I	3	—	—	—
Girls' „	...	I	IO	—	—	—
Infants' „	...	I	IO	—	—	—
Eastern District.						
Boys' Department	...	6	3	—	—	—
Girls' „	...	7	3	—	—	—
Infants' „	...	22	2	—	—	—
St. John's.						
Boys' Department	...	I	—	—	—	—
Girls' „	...	—	—	—	—	—
Infants' „	...	2	I	—	—	—
Ascupart.						
Boys' Department	...	9	2	—	—	—
Girls' „	...	8	2	—	—	—
Infants' „	...	II	5	—	—	—
Pear Tree Green.						
Infants' Department	...	I	2	—	—	—
Shirley.						
Boys' Department	...	4	2	—	—	—
Girls' „	...	4	4	—	—	—
Infants' „	...	I3	4	—	—	—
Bitterne Manor.						
Infants' Department	...	I	3	—	—	—
Ludlow Road.						
Boys' Department	...	I	2	—	—	—
Infants' „	...	2	2	—	—	I
Station Road.						
Infants' Department	...	2	3	—	—	—

			Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro- Spinal Fever.	Acute Polio- myelitis.
Woolston.							
Boys' Department	...	3	—	—	—	—	—
Girls' "	...	—	4	—	—	—	—
Infants' "	...	1	2	—	—	—	—
St. Joseph's.							
Boys' Department	...	6	—	—	—	—	—
Girls' "	...	1	1	—	—	—	—
Infants' "	...	5	1	—	—	—	—
Shirley Warren.							
Infants' Department	...	10	3	—	—	—	—
Springhill R.C.							
Boys' Department	...	—	2	—	—	—	—
Girls' "	...	3	2	—	—	—	—
Infants' "	...	1	1	—	—	—	—
St. Denys.							
Boys' Department	...	3	1	—	—	—	—
Girls' "	...	1	—	—	—	—	—
Infants' "	...	—	1	—	—	—	—
Highfield C. of E.							
Mixed ... ...	...	1	1	—	—	—	—
Bitterne C. of E.							
Boys' Department	...	1	8	—	—	—	—
Girls' "	...	2	4	—	—	—	—
Infants' "	...	1	5	—	—	—	—
St. Patrick's.							
Infants' Department	...	2	—	—	—	—	—
Station Road Special							
	...	—	1	—	—	—	—
Northam Nursery							
	...	1	—	—	—	—	—

Secondary Schools.

Taunton's ... ...	...	1	4	—	—	—
King Edward VI ...	...	—	1	—	—	—
Girls' Grammar School	...	—	1	—	—	—
Convent High School	...	—	3	—	—	—

CHILDREN EXCLUDED FROM SCHOOL.

Two thousand and eighty-five children were excluded from school during the year 1934 for conditions as required by the Code.

The following are the particulars of the defects for which it was necessary to exclude :—

Adenoids only	...	...	...	...	...	32
Blepharitis	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	21
Chorea	...	...	...	...	...	14
Chicken Pox	...	...	...	...	...	4
Conjunctivitis and Pink Eye	...	...	...	...	...	2
Debility	...	...	...	...	...	56
Diphtheria	...	...	...	...	...	1
Dirty Condition of Head	...	...	...	...	...	290
Epilepsy	...	...	...	...	...	1
Glands	...	...	...	...	...	33
Heart Complaints	...	...	...	...	...	1
Influenza	...	...	...	...	...	2
Impetigo	...	...	...	...	...	524
Mumps	...	...	...	...	...	65
Mental Defects	...	...	...	...	...	9
Otitis Media	...	...	...	...	...	12
Ringworm (Head)	...	...	...	...	...	23
Ringworm (Body)	...	...	...	...	...	26
Rheumatism	...	...	...	...	...	6
Scabies	...	...	...	...	...	42
Scarlatina	...	...	...	...	...	1
Sores, etc.	...	...	...	...	...	317
Tonsils only	...	...	...	...	...	17
Tonsil and Adenoid Operations	...	...	...	...	...	315
Tonsillitis	...	...	...	...	...	22
Tuberculosis	...	...	...	...	...	15
Whooping Cough	...	...	...	...	...	17
Miscellaneous	...	...	...	...	...	215
Total						2085

OPEN-AIR EDUCATION.

The need for open-air accommodation, to which attention was drawn last year, still exists; but it can be recorded that considerable progress has been made towards the provision of a modern open-air day school.

The matter has been the subject of consideration by the Education Committee, and 1935 may see the commencement of building.

The figures relating to the examination of defective children show that there was a very considerable increase in the number of children recommended for admission to open-air schools during 1934; 55 children were admitted to the St. Catherine's Home, at Ventnor.

The Camp School was held, as usual, at Lee-on-the-Solent, and a detailed report on this is given elsewhere.

Playground classes and school journeys have been utilised to a larger extent by the teachers.

REPORT ON CAMP SCHOOL, LEE-ON-THE-SOLENT.

Between the Camp to which the last party of children leaving the Camp in October, 1933, had said "au revoir," and the Camp which offered welcome to the first party of 60 children at the beginning of May, 1934, there was a marked difference in regard to external features, and, to a less extent, equipment. The fact that it was possible to accommodate only three parties of children during the summer of 1933, as against eight estimated for the full season, enabled the Education Committee to provide out of available funds further amenities which were considered desirable, but, in the circumstances of the "change-over" to the new site, might otherwise have been postponed if only on financial grounds. The winter months were well spent in planning and execution of (1) improvements of the "lay-out" of the site, and (2) installation of electric lighting and power.

The limited experience of the previous year had proved the desirability of screening the buildings as far as possible from the heavy winds from the Solent, and of planting trees and shrubs for improving the general appearance of the buildings on the site which has very few trees in its immediate vicinity. Even although

the trees and shrubs planted were young and small, they have had a marked influence on the general appearance of the Camp, and undoubtedly will well repay the attention which will have to be devoted to them. Evergreen trees and flowering shrubs were in the main selected.

During last season the play activities of the children within the Camp area were much restricted on account of the uneven ground-surface, which rendered ball games almost inadvisable. It was impossible to plough and relay the site as a whole, but during the winter a first section of four acres was ploughed, levelled as far as possible, and planted with grass-seed. With half the field under new grass, the children had for all the season a small acreage on which to play, but cheerfully fulfilled their responsibilities by keeping off the newly-prepared ground, except when called upon by the teachers for the mass removal of weeds, which in the exceptionally dry season seemed to thrive better than the young grass in the early stages. In future years there should be good ground facilities for games, but a good deal of the ground in the vicinity of the administrative huts could be much improved for the pitching of tents and marquees by similar treatment.

For those concerned in the administration and domestic economy of the Camp, the greatest acquisition was that of concrete paving between and, where necessary, round the huts. Traffic near the kitchen and stores is always heavy, and last season there were signs of serious wear of the ground between the buildings, so that it was difficult to maintain the tidy appearance which has always been a marked feature. The laying of concrete paving has provided a regular hard surface, which is easily kept clean, and has allowed spaces for definite garden beds, which add so much to the general appearance of the huts. A special section was laid down for the purpose of "washing-up" crockery, etc.

The benefits from the installation of electric light and power were not felt much until the latter part of the season as days shortened, but the entertainment of the children by concerts, the cinema, and—after the summer holiday—by a radio-gram provided by the Committee, was greatly facilitated.

With these new facilities then, the Camp was opened at the beginning of May, and for the first time on this site the full number of eight parties, each of 60 children, was accommodated within

the season, which concluded early in October, owing to the summer holidays being somewhat later than usual. The following shows the schools and number of children participating from each :—

Period in Camp.	Schools.				No. of places allotted.
4th to 18th May	...	Bitterne Park Boys'	...	...	8
		Foundry Lane Boys'	...	...	12
		Deanery Senior Boys' (" A " group)	...	...	20
		Shirley Boys'	...	...	20
25th May to 8th June	...	Bitterne Park Girls'	...	...	8
		Woolston Girls'	...	...	10
		Mount Pleasant Girls'	...	...	17
		Portswood Girls'	...	...	25
8th to 22nd June	...	Portswood Boys'	...	...	24
		Swaythling Senior Boys'	...	...	20
		Woolston Boys'	...	...	17
22nd June to 6th July	...	Deanery Senior Girls' (" A " group)	...	...	20
		Ludlow Road Girls'	...	...	20
		Swaythling Senior Girls'	...	...	20
6th to 20th July	...	Deanery Senior Girls' (" B " group)	...	...	20
		Foundry Lane Girls'	...	...	14
		Northam Girls'	...	...	26
20th July to 2nd Aug.	...	Deanery Senior Boys' (" B " group)	...	...	20
		Mount Pleasant Boys'	...	...	17
		St. Denys Boys'	...	...	6
		Sholing Boys'	...	...	16
7th to 21st September	...	Central District Girls'	...	...	8
		Shirley Girls'	...	...	20
		Sholing Girls'	...	...	20
		St. Denys Girls'	...	...	12
21st Sept. to 5th Oct.	...	Central District Boys'	...	...	20
		Ludlow Road Boys'	...	...	20
		Northam Boys'	...	...	20

The general lines of organisation and routine of the Camp were similar to those which have proved so successful in past years. Within the last two years there has been marked improvement in regard to the type of child selected in the schools, and

more effective action has been taken to ensure that the genuinely deserving cases have been allotted places. Concerted financial assistance on the part of schools to achieve this has been more common. The provision of suitable clothing and footwear, simple as the required kit is, has sometimes proved a difficulty, but invariably that has been overcome tactfully and quietly. Medical inspection of the children before departure to Camp was carried out with little amendment of the method of last year, and, throughout the season, proved effective in minimising health troubles in Camp. A point of interest in connection with the medical inspections as showing the appreciation of the Camp life by the children was the willingness of many of the latter to undergo considerable dental treatment as a necessary prelude to their acceptance. There were exceptions, including one boy who "bolted" from the dentist's chair at the last moment.

1934 proved to be as favourable for camping as 1933, and the campers were seldom driven under cover. One or two gales in the first fortnight found weak spots in the tents, and it was necessary to replace three bell-tents as an urgent measure, and to carry out considerable repairs both on the spot and by the return of tents to Southampton. It would be advisable, if the use of tents is maintained in the future, to replace three or four annually, since approximately three years would appear to be the effective life of a tent in circumstances such as those which apply at Lee-on-the-Solent. The spirit which pervaded both teachers and groups of children was as good as ever, and the Camp was always a happy community—in good weather and bad. The very fine collections of seashore and plant life reflected the enthusiasm of teachers and children, and were a credit to the schools. Some extraordinarily good specimens were obtained, and it was regrettable that some of them could not be preserved in more permanent form. The two Superintendents (Messrs. A. Eling and G. R. Palmer) are worthy of special commendation for the manner in which they have evolved a scheme of training of a special type to suit Camp conditions, which, through the interest and enthusiasm which it undoubtedly arouses among children, cannot but have a lasting and brightening effect. Throughout their period of responsibility they have worked hard, both in and out of the camping season, not only for the comfort and happiness of the children, but also to ensure that, as far as is possible, within the period spent in Camp, their educational schemes should influence the children in directions not possible within the four walls of their ordinary classrooms. Year by year they have aimed higher, and a sound scheme has been developed. The Camp School fully justifies its existence, if from the educational point of view alone.

The Camp has now been in existence since 1931, and, with the exception of crockery, there has been little replacement of equipment, which has been in use since the opening date. The life of the various items of equipment can only be estimated by experience of particular circumstances. Year by year the equipment has been maintained in the camping season with every possible attention, whilst during the winter months it has been overhauled and stored with every care. Nevertheless, within the past season there were signs that several items, notably tents, blankets, and ground-sheets, had reached the stage when many of them would have to be "scrapped" as unserviceable and replaced in large numbers. Tents and marquees have been maintained in as good order as possible, and the replacement of three of them has already been mentioned. In the last weeks of last season there were signs of serious deterioration of the blankets, and about 50 of them were replaced early in 1934. Enquiry in many quarters in which blankets are used elicited the suggestion that the extreme heat involved in their regular disinfection was responsible for the damage to the blankets, which became unserviceable in still larger numbers as the season progressed. Further replacements had to be made at short notice. Experience suggests that in the circumstances applying at Camp, the life of both tents and blankets is approximately three years, so that each year there should be replacement of approximately one-third of them. In regard to ground-sheets, it should be possible to attach to them a considerably longer life. It should, however, be remembered that they are used both by the school children and by the children from Hollybrook Homes, and by the latter are used for a variety of purposes. Most of the ground-sheets are now in a bad state, not so much on account of the deterioration of the fabric as due to tears, often caused by the feet of unwary novices, who have many points in camp life to learn. Now that floor-boards are used in the tents, it is doubtful if there is the need for ground-sheets on the boards when sleeping. On the other hand there is the need of waterproof covering for the kits of the children when laid out in the open air in suitable weather. It is probable that the provision to each tent of a tarpaulin sufficiently large to cover the occupants' kits would prove equally, if not more, effective, and a good deal less expensive than the equipment of each individual with a ground-sheet.

In conclusion, testimony should be paid to the unfailing sense of duty and co-operation on the part of all those who serve, always as a team, whether full-time or temporarily only. Their main interest has always been the service of the children, who invariably reflect their appreciation of that service with an attitude of good cheer until the last "Good-bye." The letters of appreciation sent to the Superintendents of the Camp would form a happy, if sometimes rather pathetic, library.

WEIGHTS STATISTICS.

1934.	Date and School.	Number.	Average Weight.	Average Gain.	Greatest Gain.	Least Gain.	Number who lost Weight.	Gain %.
4th to 18th May—	Bitterne Park Boys ...	8	st. lbs. 5 12.5	2.3-lbs.	3 $\frac{3}{4}$ -lbs.	1-lb.	Nil	2.78 %
	Foundry Lane Boys ...	11	5 4	1.52-lbs.	2 $\frac{3}{4}$ -lbs.	3-lb.	Nil	1.89 %
	Deanery Senior Boys ("A" group)	20	6 0.14	1.5-lbs.	3 $\frac{3}{4}$ -lbs.	4-lb.	1 @ 3 $\frac{3}{4}$ -lbs.	1.9 %
	Shirley Boys ...	20	6 3.16	2.06-lbs.	3 $\frac{3}{4}$ -lbs.	1-lb.	1 @ 1-lb.	2.03 %
25th May to 8th June—	Bitterne Park Girls ...	8	5 1.06	3.71-lbs.	8-lbs.	3-lb.	Nil	4.49 %
	Woolston Girls ...	10	5 9.62	2.61-lbs.	5 $\frac{1}{2}$ -lbs.	1-lb.	1 @ 2 $\frac{1}{4}$ -lbs.	2.95 %
	Mount Pleasant Girls ...	17	5 8.9	1.94-lbs.	4 $\frac{3}{4}$ -lbs.	1-lb.	1 @ 1-lb.	2.44 %
	Portswood Girls ...	25	5 9.5	2.84-lbs.	7-lbs.	1-lb.	3 @ 1-lb. 1 @ 1 $\frac{1}{4}$ -lbs. 1 @ 4 $\frac{1}{2}$ -lbs. 1 @ 1-lb.	3.49 %
8th to 22nd June—	Portswood Boys ...	24	6 0.8	2.1-lbs.	4 $\frac{3}{4}$ -lbs.	1-lb.	1 @ 3-lb.	2.35 %
	Swaythling Senior Boys ...	20	6 0.4	2.19-lbs.	4-lbs.	3-lb.	1 @ 3-lb.	2.49 %
	Woolston Boys ...	17	5 8.7	1.96-lbs.	3-lbs.	1-lb.	1 @ 1-lb.	2.06 %
22nd June to 6th July—	Deanery Senior Girls ("A" group)	20	6 4.5	1.95-lbs.	4 $\frac{1}{2}$ -lbs.	3-lb.	1 @ 1-lb.	2.2 %
	Ludlow Road Girls ...	20	6 5.8	2.16-lbs.	5 $\frac{1}{4}$ -lbs.	1-lb.	1 @ 1-lb.	2.28 %
	Swaythling Senior Girls ...	20	5 12.15	1.79-lbs.	3-lbs.	1-lb.	Nil	2.18 %

Date and School.	Number.	Average Weight.	Average Gain.	Greatest Gain.	Least Gain.	Number who lost Weight.	Gain %.
1934.							
6th to 20th July— Deanery Senior Girls ("B" group)	20	st. 5 lbs. 6	1.37-lbs.	5-lbs.	1-lb.	1 @ 1-lb. 1 @ $\frac{1}{2}$ -lb. 1 @ $1\frac{1}{2}$ -lbs. Nil	1.8 % 2.0 % 2.05 %
Foundry Lane Girls ... Northam Girls ...	14 26	5 12 6 1	1.64-lbs. 1.74-lbs.	3 $\frac{1}{2}$ -lbs. 4-lbs.	1 no gain $\frac{1}{2}$ -lb.		
20th July to 2nd August— Deanery Senior Boys ("B" group)	20	5 12.6	1.36-lbs.	4 $\frac{3}{4}$ -lbs.	$\frac{1}{2}$ -lb.	2 @ $\frac{1}{2}$ -lb.	1.6 %
Mount Pleasant Boys ...	17	6 0.3	1.5-lbs.	3-lbs.	$\frac{1}{4}$ -lb.	1 @ 1-lb.	1.8 %
St. Denys Boys ...	6	5 9.5	2.25-lbs.	3 $\frac{3}{4}$ -lbs.	$\frac{1}{2}$ -lb.	Nil	2.8 %
Sholing Boys ...	17	5 9	2.3-lbs.	5 $\frac{1}{2}$ -lbs.	$\frac{1}{2}$ -lb.	Nil	2.5 %
7th to 21st September— Central District Girls	8	5 13.5	.875-lbs.	3-lbs.	Nil	1 @ 2 $\frac{3}{4}$ -lbs. 1 @ 2 $\frac{1}{2}$ -lbs. 2 @ 1 $\frac{3}{4}$ -lbs. 1 @ $\frac{1}{4}$ -lb. 1 @ 2-lbs. 1 @ 1 $\frac{1}{2}$ -lbs. 2 @ 1-lb. 1 @ $\frac{3}{4}$ -lb. 1 @ $\frac{1}{2}$ -lb.	.9 % 1.1 %
Shirley Girls ...	20	6 0.75	.96-lbs.	4-lbs.	$\frac{1}{4}$ -lb.		
Sholing Girls ... St. Denys Girls ...	20 13	5 13.5 5 12.75	2.45-lbs. 1.25-lbs.	2 $\frac{1}{2}$ -lbs. 5-lbs.	$\frac{1}{4}$ -lb. $\frac{1}{4}$ -lb.	1 @ 2-lbs. 1 @ 2 $\frac{3}{4}$ -lbs. 1 @ 2-lbs.	2.9 % 1.6 %
21st September to 5th October— Central District Boys	20	5 12.9	2.5-lbs.	7 $\frac{1}{4}$ -lbs.	$\frac{1}{4}$ -lb.	1 @ 1 $\frac{1}{2}$ -lbs. 1 @ 1-lb. Nil	3.0 % 2.6 % 2.3 %
Ludlow Road Boys ... Northam Boys ...	20 20	5 11.9 5 11	2.2-lbs. 1.9-lbs.	6 $\frac{1}{4}$ -lbs. 4 $\frac{1}{2}$ -lbs.	$\frac{1}{2}$ -lb. $\frac{3}{4}$ -lb.	1 @ 1 $\frac{1}{4}$ -lbs. 1 @ $\frac{3}{4}$ -lb.	

REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION for the year ended December 31st, 1934.

BOYS.

In regard to Physical Training in schools, 1934 came in on a wave of interest in the new Revised Syllabus of Physical Training published by the Board of Education at the end of the previous October. Up to the New Year it had only been possible to obtain sufficient copies of the Syllabus for distribution on the scale of one for each school department. In these circumstances it was almost impossible for all teachers to have the opportunity of making more than an examination of the bare outline of the book and the essential more detailed study of the scheme was postponed until classes for the teachers could be organised when additional copies of the Syllabus became available. By means of a series of demonstration lessons with classes of boys, each supplemented by discussions and lectures, it was possible to bring to the notice of the considerable body of men teachers who attended, the main features of the Syllabus as compared with that published in 1919, and to show something of the "atmosphere" intended. These demonstrations were followed up by further demonstrations in schools and discussions on similar lines with complete staffs of schools in conference. There could be no doubt of the interest aroused and of the keenness of the majority of the teachers in the revised form of training.

Within a week or two of the commencement of the first term and the New Year, classes for the men teachers had been organised, so that they might in practice perform the new exercises and then make a more detailed study of the principles involved. The classes were well attended, the number of men enrolling surpassing by a considerable margin that of any previous class organised for men teachers. A pleasing and encouraging feature was the attendance of a number of Head Teachers, upon whose interest, support and understanding the success of the training in the schools to no little extent depends. The Head Teacher can largely determine in his school the general attitude towards the subject and its place within the curriculum. In the provision of footwear and suitable dress, the Head Teacher's influence is of especial value in setting the standard for the school, always assuming that he has the practical support of the other members of the staff.

The keenness and energy of the teachers who participated in the practical work left nothing to be desired and the spirit was excellent. Every Boys' School in the Borough, with the exception

of two only, was represented in the class and in some cases almost complete staffs attended. It is now regretted that the course was not of a longer duration, for it was not possible to cover adequately within it the many changes in programme technique and method involved in the revision of the Syllabus. The inclusion within the class of a number of teachers for whom this was their first Physical Training course made an extension of duration still more desirable. With the intervention of the Easter Holiday on the last meeting of the class, it was felt that such an extension might usefully be postponed until later in the year as a second course, and meanwhile the teachers would have opportunity for "trying out" the scheme with their own classes. In the process of "following up" in the schools—a most important side of the Organiser's duties—it was found that the standard of lesson construction had improved considerably and that the children were gaining benefit from the more confident and directive handling of the classes on the part of those teachers who had taken an active part in the vigorous and lively tables of the teachers' classes—lessons in which "continuity of activity" was indeed a prominent feature. Whatever may be said in regard to technique, it is particularly in this latter respect that a marked difference can be noted between the lessons of the teacher who has had recent training and those of the one who has not. Lesson planning and flow of movement have great influence on the interest and response of the children—the one lesson is usually invigorating and productive of zest and pleasure on the part of the children, whilst often the other is dull and uninteresting and fails on that account.

In the Boys' Schools within the Borough there is now a considerable body of teachers who have had recent training. On the one hand there is a larger body of men who have, at any rate, a working knowledge of the 1933 Syllabus, which is intended primarily for use in the junior classes of schools but offers an adequate scheme of exercise even for the older children when the facilities at their school are not such as to render a more extensive and specialised scheme for seniors possible, and on the other hand there is a smaller band of men teachers who attended a longer course of training with apparatus for senior schools two years ago, and for two further winters attended weekly at Taunton's School gymnasium for their own personal exercise on gymnastic apparatus. Their interest and vim were unflagging and their presence in the schools should prove of inestimable worth as further development of a wider scheme for senior schools is made. The services of some of them have been used in the training of unemployed juveniles and in boys' clubs.

It is worthy of note that while some teachers have taken every opportunity which has arisen of getting training in the teaching of Physical Education, there are still too many others who have never attended a single class and apparently have no intention of doing so in the future. In some cases age or physical incapacity have been offered in justification of this view, although they have not taken even the opportunities offered them for observation only. In some of these cases the standard of their Physical Training is lamentably low, and there is little prospect of improving it by means of the infrequent demonstrations and corrections possible on the occasional visits of the Organiser. In these cases there is no doubt that the classes should be put in charge of a teacher who has more enthusiasm, and has had recent training, if such be available on the staff, and a measure of specialisation be instituted. The fact that such a step would well please the delinquent is no justification for failure to provide adequately for the Physical Training of his class—the prime consideration. No subject in the school curriculum can fail more completely in its purpose through “half-heartedness” and “half-measures” on the part of the teacher, and the Head Teachers would do well to consider the re-organisation of their plans to admit of those teachers with the most suitable personality and training having charge of the Physical Training of their boys.

In regard to the training in the schools and the standard of the work, it is difficult to generalise, in view of the very marked difference between the schools in which teachers have kept in touch with modern developments and those in which Physical Training is still sometimes the “Cinderella” subject of the curriculum. One of the main essentials is a deeper appreciation of the physiological and anatomical aspects of Physical Training. For want of this much of the training follows a set, stereotyped form and the necessary direction of effort is lacking, so that muscular action is not localised and the desired co-ordination is not obtained. The spirit of the lessons is often very good and the alertness of the boys reflects their interest in lively and active lessons, but effort is often crude and inaccurate in its application. In putting the new Syllabus into practice, the vast majority of teachers made valiant efforts at proper interpretation and as regards form were generally fairly successful, but in timing and rhythm met with less success. In the 1933 Syllabus the number of exercises performed with a rhythmical swing has been increased manifold; for their effectiveness these require to be performed in a rhythm and with that local relaxation which can probably be satisfactorily appreciated by the teacher only by his own practical performance, as in a teachers’ class. Relaxation of the part of the body being exercised was not a prominent feature of

the previous Syllabus and both teachers and children have yet a good deal to learn in that respect. Special emphasis was laid on the newer developments involved in the 1933 Syllabus and the various types and groups of exercises were dealt with in greater detail than usually in the teachers' classes, and it is hoped that there may be much-needed improvement as regard the direction of effort in the future training, with more evidence of appreciation of the more detailed aims and effects.

Lesson construction has improved and as a rule a fair proportion of the lesson periods is devoted to general Activity Training. More care is given too, to ensure that the type of activity taken is suitable to the class and conditions, and with the more definite and precise specification of this side of the training within each table of the Syllabus, as compared with that of 1919, one of the Organiser's major problems should tend to disappear. For a long period the Team System has been in vogue in varying degrees and there has been a gradual improvement in class management. Too often, however, the externals of the Team System form the only evidence of its application and it does not achieve its full value, either for the teacher or for the children. Free practices of activities by individuals or by small groups of children have an important place in the training and develop that sense of responsibility and initiative, even in the young child, which gives the surest foundation for the complete establishment of the Team System. The main requirements in the Activity Training, as in the more localised and more formal training, are the adequate appreciation of good style by the teacher and his effective and regular coaching of the children. With notable exceptions this is a common fault.

Mention was made last year of the issue of lists of suitable exercises from the Reference Book of Gymnastic Training to those schools in which it was felt a wider scheme of gymnastics was appropriate for senior classes. Many teachers of those classes have made use of the lists in framing their schemes and during the past year, when conditions were suitable, additional equipment was provided to facilitate the training. The provision of gymnastic mats in some cases led to an increase in interest and the improvement of the agility of the older boys. A further step in the development of a more advanced form of training, suitable for the senior boy, was the distribution to a number of schools of copies of a set of gymnastic tables, arranged specifically for boys in senior schools. The tables have proved interesting and progressive throughout the senior school course and should produce a more regular advance. The older boys take readily to the stronger forms of gymnastics, but often the proper gymnastic atmosphere is lacking for want of suitable dress and footwear.

The re-organised senior schools have proved particularly disappointing in this respect, for their spirit is good and some good work is to be seen.

It is obvious that Physical Training and Hygiene should go together and that the former should provide the greatest opportunity for practical training in the latter so far as schools are concerned. Beyond the establishment of the principle of "coats off" for Physical Training lessons, it cannot be said that hygiene takes any prominent place in the lessons in most boys' schools. The suitability of dress and footwear has not received the attention merited by the situation and calls for a definite campaign on the part of all members of the staffs of schools. The difficulties in Girls' Schools are not so great as in those for Boys, since the mere discarding of the frock puts a girl at once in a suitable dress in most cases, whereas boys have various other garments to remove before this stage is reached. Nevertheless, much more could be done than has been done in creating a hygienic atmosphere as a background on which to establish effective Physical Training. Too often the unsatisfactory standard of dress is accepted as inevitable, whereas the adoption of shorts and vest or shirt with light footwear would improve the standard and tone out of all proportion to the cost in effort or finance.

Special attention was devoted to games in the Public Recreation Grounds to increase the training value of this side of the work. Football and cricket are still the most prominent games played, in spite of the unsatisfactory facilities available for the use of the children, but an increasing number of teachers is appreciating the fact that unless supplemented by training schemes and, in the case of cricket, adapted to bring all players into activity, the value of the lessons is largely lost. Other games have been introduced, viz., rugby touch in winter and circular rounders in summer, and have proved popular among the boys, who appreciate the extra activity involved and the change from what, to some of them, has become a time-killing period of comparative boredom. In all the games coaching and definite training practices play a more prominent part, and the lessons of some teachers are marked by really sound organisation. "Tradition dies hard," however, and it is particularly applicable to games training.

GIRLS.

We have now had a year of the new Syllabus of the Board of Education, and have found the work stimulating and interesting, and the children have undoubtedly gained in suppleness. Posture has improved with this increased suppleness, but there is still the

danger that insufficient control is demanded. It is difficult for all teachers to realise that before beginning a rhythmic exercise it is important to get as good a standing position as possible, and that after a rhythmic exercise, when the muscles are more supple, it is essential that the children should get the "feel" of this muscular improvement by standing well; such reminders as "lift" and "stretch up" will encourage this good posture. We want to realise that this stretching up of the body is an integral part of the exercise and that without it a great deal of the value of the work is lost.

The teachers in the Girls' Schools have been very enthusiastic about changing into knickers and blouses for all Physical Training lessons and in the warmer weather the majority of the children in the town now change. In a number of cases knickers and blouses are worn also on the playing fields.

APPARATUS.

We now have forms and mats in 15 of our senior schools. This apparatus has given greater variety and has proved stimulating to the older girls. We must be careful, however, to see that the jumps and vaults on this apparatus are progressive and that the performance of the exercises is technically correct and in good style. There is the danger with these apparatus jumps that the importance of good landings, good posture during the jump and ease and lightness of movement are forgotten, and that the teacher is content with clumsy, heavy, awkward movements.

A large number of both Girls' and Infants' Schools have provided themselves with mats for abdominal and other floor work. This has added greatly to the value of the Physical Training work in these schools and the children find great enjoyment in, and put a great deal of vigour into this part of the work. In the Infant Schools in particular the fetching of their own mat, finding a place on the ground to put it, the picking up and putting it away, have given excellent training in self-reliance and quickness of movement. It is a joy to see a class of 5-year-olds lying on mats doing a vigorous abdominal exercise.

GAMES.

Shinty is progressing well; a large number of schools are playing with real enthusiasm. One begins to feel that the primary Girls' Schools have now a real field game, a game which, to these girls who leave school at 14, is as of great a value as hockey or lacrosse to the Secondary School girl. Shinty is a vigorous game

with simple rules and inexpensive apparatus, and it is easy to teach and to coach through a simple game. There is ample scope for training in good technique and with practice considerable skill with ball and stick can be gained. Moreover, the game lays a good foundation for hockey if the girls, when they leave school, wish to join a hockey club.

Playground games, with the exception of netball, are less well organised. Ball technique and mobility training are of a fair standard, but we want this work to be applied now to team games such as skittle-ball, scout, endball, hurly-burly, bounce handball, etc., games which are adequately described in the 1933 Syllabus. A games lesson should be carefully prepared in every detail. Team leaders should have note books with rules of the games and simple coaching points, and all lines, apparatus, and choosing of teams should be done before the lesson. So often the organisation of the games lesson is left till the actual lesson, time is wasted and enthusiasm is lost.

SWIMMING.

In seven schools this year, class teachers have been responsible for teaching swimming. Land drill has been taken for some weeks before going to the Baths, so that the movements and breathing have become automatic. Each teacher took a class of 30 beginners for 10 weeks. The results have been most satisfactory; some children swam in two or three lessons and practically all swam easily in 10 lessons. By this method many more children are learning to swim, and we hope in a few years' time that all children of 11+ who are medically fit will be able to swim. This year we hope that 14 schools will be adopting the class teacher method.

Four of the Girls' Schools ran their own small swimming gala in which practically every swimmer took part. It was encouraging to see the girls' mastery of the water, the ease with which they swam fully clothed, undressed in the water, dived for bricks, swam with a lighted candle, etc.

One of the first schools where swimming was taught by a teacher has managed to get all over 10+ years swimming and 21 Royal Life Saving Certificates this year.

PROVISION OF MEALS.

The total number of meals served during the year ended December, 1934, was 331,936, an increase of 12,243 on the number for the preceding year. The meals consisted of 86,518 breakfasts and 245,418 dinners.

The increase of 11,037 in the number of breakfasts and of 1,206 in the number of dinners is accounted for by the fact that breakfasts and dinners were served throughout the year at all the Centres, including the Sholing Centre, which was opened on the 15th January, 1934.

The total cost of providing the meals for the year was £4,161 14s. 10d., the average cost per meal for food only being 1.4d., and the average total cost per meal 3.32d.

The Centres at which the meals were provided are :—

SHIRLEY (Boys' Brigade Hall, Stratton Road).

NORTHAM (Northam Congregational Chapel Schoolroom).

CANAL WALK.

WOOLSTON (Mission Hall, Spring Road).

BURGESS ROAD (Burgess Road Mission Hall).

SHOLING (Sholing Methodist Hall, North East Road).

These Centres supplied meals to the following schools :—

SHIRLEY—Foundry Lane, Regent's Park, Shirley, Springhill, Western District, Shirley Warren C.E., Shirley Warren Temporary, St. Mark's, and Coxford Junior Temporary.

NORTHAM—Northam, Mount Pleasant, Central District, and Bevois Town.

CANAL WALK—Eastern District, St. John's, Ascupart, St. Joseph's, St. Mary's, Bitterne Park, St. Denys, and Deanery Senior Boys and Girls.

WOOLSTON—Ludlow Road, Station Road, Pear Tree Green, Woolston R.C., Station Road Special, Woolston Boys, Woolston Girls and Infants, and Bitterne C.E.

BURGESS ROAD—Portswood, Highfield, Swaythling Senior Boys and Girls, Swaythling Junior Mixed, Swaythling Infants, including Joyce Hall, Bassett Green.

SHOLING—Sholing Boys, and Sholing Middle Road.

The number of children for whom dinners and breakfasts were provided from all the Centres was 1,714, and these were drawn from the following schools :—

St. John's.

Mixed	42
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Central District.

Boys, Girls, and Infants	8
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Ascupart.

Boys, Girls, and Infants	36
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St. Denys.

Boys, Girls, and Infants	18
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St. Mary's.

Girls and Infants	3
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Swaythling.

Boys and Girls	96
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Swaythling.

Mixed	103
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Highfield.

Mixed	5
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Portswood.

Boys and Girls	132
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Bassett Green.

Infants	77
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Western District.

Boys	2
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Bevois Town.

Boys, Girls, and Infants	—
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St. Mark's.

Mixed	—
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Ludlow Road.

Boys, Girls, and Infants	190
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Station Road.

Mixed	72
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Deanery Senior.

Boys and Girls	40
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Shirley Warren.

Infants	15
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Shirley Warren Temporary	16
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Woolston.

Boys	3
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Bitterne	18
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Coxford	7
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Total	1,714
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DINNERS (Winter Menus).**First Week—**

MONDAY.	Pea Soup. Currant Pudding.
TUESDAY.	Sausages in Batter, Potatoes. Rice Pudding.
WEDNESDAY.	Irish Stew. Banana.
THURSDAY.	Meat Pie, Potatoes. Stewed Prunes.
FRIDAY.	Savoury Potatoes. Apple.
SATURDAY.	Meat Pie, Potatoes. Banana.

Second Week—

MONDAY.	Lentil Soup. Jam Roll.
TUESDAY.	Shepherd's Pie, Greens. Apple.
WEDNESDAY.	Vegetable Stew. Fig Pudding.
THURSDAY.	Meat Pudding, Potatoes, Greens. Orange.
FRIDAY.	Haricot Soup, dumplings. Stewed Fruit.
SATURDAY.	Minced Beef, Peas. Sago Pudding.

Third Week—

MONDAY.	Hot Pot, Greens. Baked Cake Pudding.
TUESDAY.	Baked Bean Pie. Orange.
WEDNESDAY.	Shepherd's Pie, Greens. Stewed Prunes.
THURSDAY.	Hashed Beef, Potatoes. Apple Pudding.
FRIDAY.	Sausages in Batter. Tapioca Pudding.
SATURDAY.	Broth. Treacle Pudding.

DINNERS (Summer Menus).**First Week—**

MONDAY.	Boiled Eggs, Lettuce, Tomato and Potato Salad. Banana.
TUESDAY.	Sausages in Batter, Potatoes. Rhubarb, Custard.
WEDNESDAY.	Baked Bean Pie. Rice Pudding.
THURSDAY.	Hashed Beef, Potatoes. Apple.
FRIDAY.	Bread, Cheese, Lettuce, Onion and Tomato Salad. Orange.
SATURDAY.	Vegetable Stew. Jam Roll.

Second Week—

MONDAY.	Savoury Potatoes. Sago Pudding.
TUESDAY.	Boiled Eggs, Lettuce, Tomato and Celery Salad. Sultana Pudding.
WEDNESDAY.	Minced Beef, Greens. Stewed Fruit.
THURSDAY.	Bread, Cheese, Lettuce, Tomato and Potato Salad. Orange.
FRIDAY.	Sausages in Batter, Potatoes. Apple.
SATURDAY.	Baked Bean Pie. Banana.

NOTES.—Milk Puddings to be varied by the addition of Chocolate (Sugar and Cocoa), Currants, Sultanas, or Raisins, etc.
 When Stewed Fruit is served, fresh Fruit should be used as often as possible, either alone or mixed with the dried Fruit.

BREAKFASTS.

Winter—

MONDAY, WEDNESDAY, and FRIDAY.—Porridge with Syrup or Bread and Milk.

TUESDAY, THURSDAY, and SATURDAY.—Bread, Margarine, Jam. Cocoa.

Summer—

MONDAY to SATURDAY.—Bread, Margarine, Jam. Cocoa.

NOTE.—Cocoa not to be given when Porridge or Bread and Milk is served.

Method of Selection.

The arrangements for the selection of children to attend the centres remained unchanged.

MALT AND COD LIVER OIL.

The Assistant School Medical Officers recommend malt and cod liver oil where they consider that children would benefit by receiving it. The parents are given the option of serving the malt and oil at home, but if they wish their children to be served at school, enquiries are made into their financial circumstances by the Attendance Department, and the Education Committee then decide whether the cases shall be free or for payment. All children who are served at school receive one teaspoonful of malt and oil each morning and afternoon. Parents who pay for the malt and cod liver oil pay 3d. a week for each child served.

During the year 477 cases have been notified by the Assistant School Medical Officers. Of these, 40 have been served at home, 153 served at the schools for payment, and 284 served at the schools free.

MILK LUNCHES.

Milk lunches are provided daily in all schools. The milk is pasteurised and is served in sealed bottles, each containing one-third of a pint. The milk is taken by the children through drinking straws, new straws being provided each day. As in the case of the meals and malt and oil, the Education Committee decide which cases shall be served free. A supply of milk is often recommended by the Assistant Medical Officer either in conjunction with, or as an alternative to, cod liver oil and malt, where under-nourishment is suspected.

The number of bottles of milk supplied during the year was 1,144,370 ; 828,116 being for payment and 316,254 free.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

The arrangements for the examination of this group of children remained the same as in 1933.

A point of interest is noticed in the increased number of children recorded in Table III—page 91—as suffering from Pulmonary Tuberculosis. The Tuberculosis Officer has submitted a report on this, which is printed on page 33.

The number of examinations carried out shows a considerable increase, the physical cases predominating.

Details of the examinations carried out are given below :—

MENTAL EXAMINATIONS—

Not Defective	...	...	...	...	2
Dull or Backward	...	...	...	...	45
Mentally Defective	...	...	...	...	17
Notification to Local Authority	...	...	...	...	16
Diagnosis Postponed	...	...	...	...	6
Re-examinations	...	...	...	...	25

PHYSICAL EXAMINATIONS—

—III

Residential Open-air School	...	...	...	...	76
Day Open-air School	...	...	...	...	3
Ordinary School	...	...	...	...	15
Deaf School	...	...	...	...	3
Blind School	...	...	...	...	2
Epileptic School	...	...	...	...	7
Sanatorium School	...	...	...	...	11
Cardiac Home	...	...	...	...	1
Others	...	...	...	...	11
Re-examinations	...	...	...	...	58

OTHER EXAMINATIONS—

—187

Children's Court cases, admission forms
to institutions, etc.

25

—323

SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

This school, in Porchester Road, has accommodation for 56 children, who, after special examination, have been certified to be capable of receiving proper benefit from instruction in an ordinary school, but not incapable of receiving benefit from instruction in a Special School.

The instruction given has been detailed in previous Reports and no alteration has been made during the year.

Medical inspection has been carried out during the year as formerly and the results of this inspection are detailed below :—

STATION ROAD SPECIAL SCHOOL.

Sex.	Number Examined.	Parents Present.	Defects requiring Treatment.				
			Skin.	Defective Vision.	Defective Hearing.	Other Eye Defects.	Anæmia.
Girls ...	12	5	—	—	—	—	—
Boys ...	25	12	1	4	1	2	1
Totals ...	37	17	1	4	1	2	1

The number of individual children requiring treatment was :—

Boys ...	...	...	...	7
Girls ...	...	...	...	—
				— 7

or 19 % of the children examined. One boy was placed under observation for a functional heart condition.

SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

The Investigation Officer and Secretary to the Southampton Mental Welfare Association has supplied the following particulars regarding investigations carried out by the Association in connection with the side of the work relating to schoolchildren.

There were 454 Education cases on the books of this Association on the 31st December, 1934, made up as follows :—

Under the age of 14 years (and over 7 years).

	Boys.	Girls.	Total.	
Feeble-minded ...	67	47	114	
Dull or backward ...	108	79	187	
Unclassified ...	24	13	37	
			—	338

Over the age of 14 years (and under 16 years).

	Boys.	Girls.	Total.	
Feeble-minded ...	30	24	54	
Dull or backward ...	32	23	55	
Unclassified ...	4	3	7	
			—	116
				454

During the year 380 visits were paid to the homes of children between the ages of 7 and 16 years, attending the Special School

and the Elementary Schools in the Borough ; also, at the request of the School Medical Officer, copies of all half-yearly and yearly reports sent to the Secretary for Education were forwarded to him, as from June, 1933.

New cases and re-applications during the year numbered 28.

The following cases were withdrawn from this section :—

Admitted to Special Residential School	...	...	5	
Referred to other associations	...	...	2	
Untraced for two years	...	...	1	
Not mentally defective	...	...	15	
Admitted to Voluntary Homes	...	...	2	
Left Southampton	...	...	6	
			—	31
Placed under statutory supervision	...	...	9	
Transferred to general section at 16 years...			32	
			—	41
				— 72

The need of supervision for feeble-minded and dull or backward children is as urgent as ever, and parents, now beginning to realise the value of the aid offered by the Association, are more willing to receive its Visitors and accept their advice.

The following are a few typical cases in which supervision has proved of value :—

1. A boy who had attended the Special School, but who had been dismissed for general bad conduct and for using bad language, was found by the Visitor to be deteriorating both physically and mentally. He had appeared in the Police Court twice for minor offences, and seemed to be going steadily downhill. The Visitor was convinced that this lad was not really bad, but that environmental conditions, general lack of interest on the part of his parents and enforced idleness had driven him into bad associations. The lad begged to be allowed to return to school, and, although high-grade feeble-minded, was eventually admitted to the Occupation Centre, where he showed an aptitude for kitchen-work, and, when sympathetically treated, ceased to use bad language, became cleaner and tidier in his personal appearance, and is now capable of working satisfactorily under supervision.

2. One girl, who came from a very low-grade family living in a slum area, and was incapable of caring for her personal cleanliness, owing to her squalid home conditions, after appearing in the Children's Court for stealing, was persuaded to join a Club for high-grade mentally defective girls, which meets one afternoon a week. Since attending this Club she has gained self-confidence, is clean and tidy in her person, and has obtained temporary employment.

3. A small boy, who was merely dull or backward at school, was visited and found to be suffering from tubercular glands. He was receiving no medical treatment, was being thoroughly neglected by a thoughtless mother, and would undoubtedly in time have spread the infection to his brothers and sisters. After much persuasion the mother consented to allow this child to attend the Clinic, and as a result of this, efforts are being made to have him admitted to an Open-air School.

Higher Education for Physically Defective Children.

When physically defective children in attendance at special schools are recommended for further training after attaining the age of 16 years, the Higher Education Sub-Committee undertake responsibility for the subsequent maintenance and education.

During 1934 2 blind children (1 boy and 1 girl) and 1 deaf boy received such training.

NURSERY CLASSES.

The provision of a further nursery class was under consideration at the end of 1934, as the benefits derived from the two previously in existence had demonstrated its value.

The nursery classes at Northam and Eastern progressed throughout the year. At Northam arrangements were made for the provision of a hot water supply at the wash-hand basins, and a bath was installed. This is a valuable acquisition; it should have a very definite influence in promoting the teaching of hygiene to the children.

Medical and dental inspection was carried out as previously. The Medical Officer saw 76 children (38 boys and 38 girls), and 21 per cent. were referred for treatment or observation. The defects noted were :—

Defect.				Referred for Treatment.	Referred for Observation.
Chronic Tonsillitis	...	...	...	—	1
Tonsillitis and Adenoids	...	...	...	2	2
Defective Hearing	...	...	...	—	1
Otitis Media	...	...	...	2	—
Bronchitis	...	...	...	5	—
Nutrition below normal	...	...	...	2	—
Impetigo	...	...	...	1	—
Squint	...	...	...	1	—
Enlarged Glands	...	...	...	—	1

The number of individual children referred for treatment or observation was 16.

MEDICAL ADVICE AND TREATMENT.

In the event of the child attending the Municipal Clinic, before treatment is given enquiries are made as to the financial position of the parents or guardians, as in order to comply with section 81 (1) of the Education Act, 1921, a charge must be made for treatment in accordance with the financial position and the scale of charges approved by the Board of Education.

Particulars of the scale have from time to time been printed in the Annual Report, but in order to ensure that this information may be kept before those interested the particulars are given in fuller detail as follows:—

(a) Where the income does not exceed £30 per head per annum of the family or household dependent on the income, no charge to be made.

(b) Where the total income of the family exceeds £30, but does not exceed £50 per head per annum, charges shall be made as follow:—

	s.	d.	£	s.	d.
Tonsils and Adenoids (operative treatment of)	10	6			
Two days' maintenance charge at Borough Hospital	13	10			
			£1	4	4
Eye Disease (other than refractions)				2	6
Spectacles (provided by parents under the present arrangement).					
Dental treatment (per attendance)				1	0
Minor Ailments—skin diseases, etc. (no charge to be made for the first week)				1	0
X-ray treatment of Ringworm				15	0

(c) Where the income exceeds £50 per head per annum, the charges shall be increased 50 per cent.

Treatment at the Municipal Clinic is offered to all school children, irrespective of whether they attend elementary or secondary schools, and no distinction is made.

The amount of fees received during the year ended the 31st October, 1934, was £122 0s. 1d.



A SURVEY OF THE NUTRITION OF CHILDREN ATTENDING TWO SELECTED ELEMENTARY SCHOOLS

At a meeting of the School Clinic (Joint School Examination) held on the 12th January, 1934, I was asked to ascertain particulars regarding the state of nutrition of children attending the Bitterne Park School, and it was particularly decided that this investigation should take into consideration the economic circumstances of the parents.

It was decided that another school should also be investigated to act as a control, and Woolston School was selected for this purpose.

The parents of each of the children examined were asked to attend the school, in order to be present during the actual examination of the child; a form, a specimen of which is given in Appendix III, was completed, giving details of the home conditions (i.e., size of family, family income, whether receiving extra nourishment), and various clinical details, and the history of previous conditions of health which might affect nutrition.

Subsequent to the actual examination, the ratio between the weight and the height were calculated according to the Quetelet formula.

$$\frac{100 \text{ Weight.}}{\text{Height.}}$$

The children were then grouped according to whether this ratio was above a standard ascertained from tables which compared closely with our own previous findings, whether the ratio was lower than the standard, but less than 10 per cent. below, and whether the ratio was more than 10 per cent. below the standard. These groups are recorded in the report as normal plus, normal minus, and subnormal groups.

This formula is considered by a number of authorities to be the most reliable guide to the state of nutrition, when taken in association with clinical evidence.

An attempt was made in every case to ascertain the circumstances of the parents; there was, however, a decided reluctance to reveal the information, and, while definite refusals were few, in many cases a surprising lack of knowledge was revealed. This has rendered complete figures impossible of compilation, but what information it was possible to gain has been tabulated. The figures cannot be accepted without question; in many cases they are based on the housekeeping allowance received by the wife, and this did not always appear to bear an equitable relationship to the wage one would expect the husband to be receiving.



The number of children examined in the course of this survey was not so high as was intended, but, owing to the resignation of the Medical Officer carrying out survey, it was deemed advisable to tabulate the results obtained, as the difference in outlook of another doctor would have rendered comparison difficult.

The first table shows the number of children examined according to sex and school.

TABLE I.

Table showing the number of children examined in the schools under review.

Sex.		Bitterne Park. Number examined.			Woolston. Number examined.			Total Number examined.	
Boys	197	...	...	157	...	...	354
Girls	183	...	...	106	...	...	289
Total ...			380	...	...	263	...	...	643

There were thus examined 643 children, of whom 59.1 per cent. attended the Bitterne Park School, and 40.9 per cent. attended the Woolston School.

The children were first divided into groups according to the assessment, by the Medical Officer, of their physical condition on purely clinical appearance. This revealed that in only a small percentage was the physical condition considered to be below a satisfactory standard. The appended table gives the actual figures obtained by this analysis :—

TABLE II.

Showing the classification, by the Medical Officer, of the condition of the children on clinical grounds.

School.	Good.		Satisfactory.		Fair.		Poor.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%
Bitterne Park ...	277	72.9	86	22.6	15	3.9	2	.6	380	100
Woolston ...	157	60.0	88	33.4	16	6.1	2	.5	263	100
Total ...	434	67.5	174	27.1	31	4.8	4	.6	643	100





D. At the Woulston School, of the children in the *subnormal* group—

The physical condition, as assessed by the Medical Officer, was

Good in 48.6 per cent.

Satisfactory in 40.4 per cent.

Fair in 9.1 per cent.

Poor in 2.5 per cent.

E. Of the total seen at both schools, of the children in the normal plus and normal minus groups—

The physical condition, as assessed by the Medical Officer, was

Good in 70.8 per cent.

Satisfactory in 25.3 per cent.

Fair in 3.6 per cent.

Poor in .3 per cent.

F. Of the children seen at both schools in the *subnormal* group—

The physical condition, as assessed by the Medical Officer, was

Good in 51.6 per cent.

Satisfactory in 36.6 per cent.

Fair in 10.0 per cent.

Poor in 1.8 per cent.

It will be seen from the above that of the children classed as subnormal by the Quetelet formula, 11.8 per cent. were also classed as being "Fair" or "Poor" by clinical assessment.

There are certain signs and symptoms at a clinical examination which indicate vitamin deficiency, or lack of balance in the diet, and an analysis of these factors was next carried out. Tables showing the result of this analysis are given at the end of the Report, but, in considering these, it must be remembered that at the examination the Medical Officer had considered these points in relation to each individual child, and on them had based his assessment of the child's general condition. Thus, although these tables are valuable for the purpose of comparison and the deduction of certain general conclusions, they cannot be correlated with the individual cases with which the tables so far given have been concerned.

The economic circumstances of the parents next received consideration, and, as mentioned, difficulty was experienced in obtaining accurate and complete information. As an income sufficient for a small family would be totally inadequate for one of ten or twelve persons, the amount available per head per week was calculated, the number in family being taken as the number to be maintained on the stated income; rent was deducted before the calculation was made.

TABLE IV.
Showing the income per head per week after the deduction of rent.

Group.	Number of families where the income per head per week after the deduction of rent was :—					
	2/- or less.	2/1 to 4/-.	4/1 to 6/-.	6/1 to 8/-.	8/1 to 10/-.	10/- or over.
A.—BITTERNE PARK—						
Normal plus	2 (3.6)	12 (21.4)	7 (12.5)	11 (19.6)	7 (12.5)	17 (30.4)
Normal minus ...	3 (8.0)	5 (13.2)	2 (5.3)	12 (32.0)	10 (25.5)	6 (16.0)
Subnormal	3 (9.0)	7 (21.3)	6 (18.2)	9 (27.5)	4 (12.0)	4 (12.0)
Total ...	8	24	15	32	21	27
B.—WOOLSTON—						
Normal plus	— (—)	4 (25.0)	5 (31.5)	2 (12.5)	3 (18.0)	2 (12.5)
Normal minus ...	4 (23.5)	2 (11.8)	2 (11.8)	4 (23.5)	1 (5.9)	4 (23.5)
Subnormal	1 (6.7)	3 (20.0)	5 (33.3)	2 (13.3)	1 (6.7)	3 (20.0)
Total	5	9	12	8	5	9

The figures in brackets are percentage figures, in order to enable the necessary comparison to be made. As information was only obtained in 27 per cent. of the children seen, these figures may be misleading.

It appears that the income has a definite bearing on the state of the nutrition of the children, and the question of income is also closely connected with that of the size of the family, and the occupation of the parents. The following tables give information on these points :—

TABLE SHOWING THE SIZE OF FAMILIES.

Group.	Number in family.								10 and over.
	2.	3.	4.	5.	6.	7.	8.	9.	
A.—BITTERNE PARK—									
Normal plus ...	—	19	44	33	6	15	6	2	2
Normal minus ...	—	19	35	22	10	6	1	1	10
Subnormal ...	—	10	14	19	9	6	3	1	—
B.—WOOLSTON—									
Normal plus ...	—	14	23	17	9	6	3	3	5
Normal minus ...	1	14	21	17	11	11	7	1	5
Subnormal ...	—	10	14	14	6	8	10	4	2



TABLE SHOWING THE TYPE OF EMPLOYMENT.

Group	Manual Workers		Non-manual Workers.	
	No.	Per cent.	No.	Per cent.
BITTERNE PARK—				
normal plus	43	55	23	34
normal minus	61	84	12	16
subnormal	37	46	17	34
WOOLSTON—				
normal plus	43	62	22	34
normal minus	45	64	8	18
subnormal	20	27	1	3
Total	150	78	83	24

Finally, a comparison may be drawn between the conditions prevailing at the two schools. Certain groups of conditions have been selected, and the results tabulated below:—

Description	Bitterne Park.		Woolston.	
	Per cent.		Per cent.	
Children whose physical condition was assessed by the M.O. as 'Fair' or 'Poor' ...	4.4	...	6.8	
Children falling into the Subnormal group according to the Quetelet formula ...	19.5	...	29.3	
Percentage of children from families where the income was 7/- or less per head per week				
Normal plus group ...	44.6	...	62.5	
Normal minus group...	52.6	...	64.7	
Subnormal ...	65.6	...	73.5	

A detailed analysis of the clinical features and comparative results are given in the appendices.



Thus, while it appears that the incomes at the Woolston School are generally smaller than at Bitterne Park, it should be remembered that at the Bitterne Park School information was obtained in 37 per cent., while only 19 per cent. of the parents at Woolston gave sufficient information.

In conclusion, I would say that, of the total number of children examined, 20 children have been thought to be suffering from malnutrition, or 3.1 per cent. of the total examined. There is a further group who will repay another examination, and in view of the difficulty experienced in diagnosing malnutrition at a single examination and the lack of information in a number of the cases (due mainly to the absence of the parents), this should be considered as being in the nature of a preliminary report. Further examinations will be carried out later, when the information gained at this survey will prove of great value in the determination of the state of nutrition.

APPENDIX I.

Considerations regarding the clinical defects of value
in the assessment of Malnutrition.

BONY DEFORMITY is of value in the assessment of nutrition in the early years of life. Any hollowing or bulging of the chest has been considered in this survey, as the distinction between physiological and pathological is arbitrary. It is not certain that all deformity of this sort, especially of the lesser degrees, are rachitic entirely. It may also be mentioned that a degree of deformity easily recognised in a young, or thin subject may be unrecognised in a fat one, especially a well-developed girl of twelve.

DENTAL CARIES or MALFORMATION are evidences of defective calcification, especially of too little Vitamin D. The defect is chiefly felt in the first two years of life, or in the first teeth even before birth. But defective calcification of the teeth may be remedied by abundant Vitamin D, even after the teeth are erupted.



It may be evidence of an ill-balanced diet, since excess of cereals may predispose to caries even in the presence of otherwise adequate Vitamin D. Infection or uncleanness enhance the effect of improper diet.

ANÆMIA indicates the lack of iron or, perhaps, of a Vitamin B. The forms of anæmia recognisable clinically are not met with amongst school children. The only means of any scientific value is a blood test. Assessment: pallor of the mucous membranes, and a murmur at the base of the heart may be due to anæmia, amongst other things. Anæmia has been said to be present only where both are found.

GINGIVITIS and its sequel, pyorrhœa, are due largely to lack of Vitamin A. Other factors, such as eating soft foods and uncleanness, will aggravate it. A few cases found around infected teeth were due to sepsis alone. Gingivitis is the chief evidence of recent lack of fat soluble vitamin.

TONSILS.—Simple enlargement will not affect nutrition, though qualitative malnutrition may have something to do with its production.

Sepsis is evidenced by redness of the mucous membrane around the tonsil with moderate enlargement of the tonsillar glands, and past sepsis by considerable enlargement of the tonsillar glands (the size of an acorn or over). Sepsis may affect nutrition either by the resulting intoxication, or by the gastritis that follows the swallowing of much mucus secretion.

THE THYROID may be enlarged by lack of balance in the diet (excess of lime, excess of fats, too little fat, or too little iodine, etc.). It is to be noted that a rich and otherwise nutritious diet may show this lack of balance. The assessment taken has been that of a slight enlargement only visible when the patient swallows, and that when a visible deformity of the neck is produced in the earliest stage of goitre.



Conclusions — There is no single factor recognisable clinically which indicates with certainty, at a single examination, the existence of quantitative malnutrition. The possible permutations and combinations of the different influences mentioned above render the diagnosis of malnutrition on clinical grounds unfrustrworthy.

APPENDIX II.

SECTION A. — Showing the number and percentage of clinical signs, and relevant history of children examined at BITTERNE PARK SCHOOL.

Defect or Description	Plus Normal		Minus Normal		Sub-normal		Total	
	No.	%	No.	%	No.	%	No.	%
Bony Deformity ...	30	20.0	28	23.3	16	16.6	74	21.4
Dental Caries ...	90	50.0	84	70.0	52	70.0	226	65.5
Asymia ...	3	2.0	—	—	3	4.0	6	1.7
Gingivitis—								
With Dental Caries ...	13	9.0	17	14.4	10	14.0	40	11.6
Without Dental Caries ...	10	5.6	3	2.5	3	4.0	16	4.6
Tonsils—								
Enlarged ...	25	16.6	21	17.5	13	17.7	59	17.0
Septic ...	12	8.8	18	15.0	17	23.0	47	13.0
Immured ...	10	16.0	29	24.0	20	27.0	88	26.0
Enlarged Thyroid—								
Slight (Plus A) ...	52	35.0	37	31.0	22	31.0	111	32.0
More (Plus B) ...	3	2.0	6	5.0	3	4.0	12	3.5
Recent Illness ...	15	10.0	11	9.0	7	9.5	33	9.6
Defective Absorption ...	3	2.0	6	5.0	4	5.4	13	3.7
Number of children in each group ...	151		120		74		345	

For various reasons, it was necessary to disregard 35 forms in carrying out the above analysis.



APPENDIX II

SECTION B.—Showing the number and percentage of clinical signs, and relevant history of children examined in Woolston School.

Defect or Description.	Plus Normal.		Minus Normal.		Sub-normal.		Total.	
	No.	%	No.	%	No.	%	No.	%
Any Deformity ...	13	15.3	10	16.6	13	17.0	42	16.2
Dental Caries ...	50	50.0	65	67.7	50	65.0	165	63.0
Parodontia ...	—	—	1	1.0	—	—	1	.4
Gingivitis—								
With Dental Caries ...	10	11.8	12	12.5	16	21.0	38	15.0
Without Dental Caries ...	10	11.8	11	11.4	5	6.5	26	10.0
Paranasals—								
Enlarged ...	15	18.0	16	16.6	8	10.4	39	15.1
Septic ...	8	9.4	10	10.4	6	7.8	24	9.3
Removed ...	20	23.4	18	19.0	16	21.0	54	21.0
Enlarged Thyroid—								
Slight (Plus A) ...	22	26.0	28	29.0	27	34.0	77	30.0
Greater (Plus B) ...	1	1.2	2	2.0	4	5.2	7	2.8
Enlarged Tonsils ...	7	8.2	5	5.0	5	6.5	17	6.6
Defective Absorption ...	—	—	1	1.0	4	5.2	5	2.0
Number of children in each group ...	85		96		77		258	

For various reasons, five children were not included in the analysis of these defects.



APPENDIX II.

SECTION C.—Table comparing the percentage of defects found in each group at

BITTERNE PARK AND WOOLSTON SCHOOLS.

Defect or Description.	Plus Normal.		Minus Normal.		Subnormal		Total	
	Bitt. Park.	Woolston.	Bitt. Park.	Woolston.	Bitt. Park.	Woolston.	Bitt. Park.	Woolston.
Bony Deformity	20.0	15.3	23.3	16.6	16.6	17.0	21.4	16.2
Dental Caries	60.0	59.0	70.0	67.7	70.0	65.0	65.5	64.0
Anæmia	... 2.0	—	—	1.0	4.0	—	1.7	4
Gingivitis—								
With Dental Caries	... 9.0	11.8	14.2	12.5	14.0	21.0	11.6	15.0
Without Dental Caries	... 0.0	11.8	2.5	11.4	4.0	6.5	4.0	10.0
Tonsils—								
Enlarged	... 16.6	18.0	17.5	16.6	17.7	10.4	17.0	15.1
Septic	... 8.8	9.4	15.0	10.4	23.0	7.8	13.0	9.3
Removed	... 26.0	23.4	24.0	19.0	27.0	21.0	25.0	21.0
Enlarged Thyroid—								
Slight (Plus A)	... 35.0	26.0	31.0	29.0	31.0	34.0	32.0	30.0
Greater (Plus B)	... 2.0	1.2	5.0	2.0	4.0	5.2	3.5	2.8
Recent Illness...	10.0	8.2	9.0	5.0	10.5	6.5	8.6	6.0
Defective Absorption	... 2.0	—	5.0	1.0	5.4	5.2	5.7	2.0
Number of children in each group	151	85	120	96	74	77	345	235



APPENDIX III.

Form used for recording details of the condition of each child examined.

NUTRITION SURVEY.

Parent.....	Height.....	.....	.....
Serial Number.....	Weight.....	.....	.....
Date of Birth.....	Past Malnutrition—		
School.....	(a) Bony Deformity.....		
Home: No. of Rooms.....	(b) Dental Caries or Malformation.....		
No. in family—	Recent—		
(a) Children under 5.....	1. Mineral. Anaemia.....		
(b) School Children.....	2. A. Gingivitis.....		
(c) Others.....	B. Tonsils. i. Size.		
	ii. Sepsis.		
	iii. Removed.		
Income:	3. General—		
Wages.....	A. Thyroid.		
Unemployment.....	B. General Condition.		
P.A.	Factors affecting Nutrition—		
Duration Unemployment.....	1. Recent severe illness... ..		
	chronic illness.....		
Extra Nourishment—	2. Defective absorption... ..		
Free Meals.	3. Fatigue (bed time)		
Milk.	employment.		
Cod Liver Oil.			

APPENDIX IV.

Extract from "The Health of the School Child," 1932.

"Dr. Critchley (West Suffolk) is in agreement with those who consider Quetelet's formula to be the most reliable index, viz. :—

100 $\frac{\text{Weight}}{\text{Height}^2}$.

Height.

"In order that a suspected child be classified as suffering from malnutrition, two criteria must be observed :—

"(1) There must be clinical evidence of malnutrition.

"(2) The Quetelet index must be 10 per cent or more below standard.

"Taken separately, those criteria are not safe methods, but employed in conjunction with each other the results are accurate. The Quetelet standard checks the personal factor in the diagnosis of clinical signs, whilst the medical evidence prevents a light but healthy child being classified as malnourished." *

(* British Journal of Physical Medicine (February), 1935).



ELEMENTARY SCHOOLS

TABLE I.

Return of Medical Inspections, December 31st, 1934.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	2105	
Second Age Group	...	...	...	...	...	2332	
Third Age Group	...	...	...	...	...	2417	
						<u>6854</u>	
Number of other Routine Inspections	...	...	...	...	...	618	
						<u>7472</u>	
Total	...	...	...	...	...		7472

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	3780	
Number of Re-inspections	...	...	...	...	...	15135	
						<u>18915</u>	
Total	...	...	...	...	...		18915





TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1934.

Defect or Disease.						Routine Inspections.		Special Inspections.		
						No. of Defects.		No. of Defects.		
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	
Malnutrition						188	9	247	—	
Skin	{	Ringworm : Scalp	—	—	48	—
				Body	2	—	44	—
				Scabies	2	—	54	—
				Impetigo	39	—	760	—
				Other Diseases (Non-Tuberculous)	25	1	1156	—
Eye	{	Blepharitis	9	1	44	—
				Conjunctivitis	7	—	29	—
				Keratitis	2	—	2	—
				Corneal Opacities	3	—	—	—
				Defective Vision (excluding Squint)	321	7	302	204
				Squint	43	1	78	35
				Other Conditions	11	1	48	9
Ear	{	Defective Hearing	127	20	57	15
				Otitis Media	38	—	116	37
				Other Diseases	19	—	52	14
Nose and Throat	{	Chronic Tonsillitis only	141	111	44	21
				Adenoids only	22	6	40	6
				Chronic Tonsillitis and Adenoids	182	47	168	30
				Other Conditions	38	2	122	38
Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	16	10	20	6		
Defective Speech	...	...	...	...	13	18	19	1	
Heart and Circulation	...	{	Heart Disease : Organic	...	...	11	31	5	4
			Functional	...	...	24	69	4	23
			Anæmia	...	...	7	1	—	—
Lungs	...	{	Bronchitis	...	...	162	126	43	25
			Other Non-Tuberculous Diseases	...	...	15	24	28	5
			Pulmonary :	...	...	—	—	—	—
Tuberculosis	...	{	Definite	...	...	—	—	1	—
			Suspected	...	...	15	—	3	1
			Non-Pulmonary :	...	...	—	—	—	—
			Glands	...	...	1	—	—	—
			Bones and Joints	...	...	2	—	1	—
			Skin	...	...	—	—	—	—
Nervous System	...	{	Other Forms	...	...	—	—	—	—
			Epilepsy	...	...	5	4	2	3
			Chorea	...	...	4	—	7	2
			Other Conditions	...	...	3	4	—	1
Deformities	...	{	Rickets	...	...	5	—	—	—
			Spinal Curvature	...	...	59	13	49	7
			Other Forms	...	...	75	3	97	21
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						115	35	495	473	
Totals						1751	544	4185	981	

TABLE II.--Continued.

B.—Number of Individual Children found at Routine Medical
Inspection to require Treatment
(excluding uncleanliness and dental diseases).

Group. (1)	Number of Children.	
	Inspected. (2)	Found to require treatment. (3)
Prescribed Groups :		
Entrants	2108	376
Second Age Group	2332	483
Third Age Group	2227	480
Totals (Prescribed Groups)	6667	1339
Other Routine Inspections	678	223
Grand Totals	7345	1562

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :

Blindness (excluding Partially Sighted Children).

Deafness (excluding Partially Deaf Children).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling (as defined in the penultimate category of the Table).

Heart Disease.

Children suffering from any combination of the
 above defects 4

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not to be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	10	1	2	—	13

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	—	—	1	9

TABLE III.—Continued.

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	9	1	—	—	10

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
68	43	14	22	147

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	2	3	2	12

TABLE III.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	116	3	65	193

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	7	3	2	17

B.—DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
32	40	—	—	72

TABLE III.—Continued.

C.—CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
22	101	—	—	123

D.—CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	—	5	7

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1934.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding uncleanliness, for which
see Group VI).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—			
(i) X-Ray Treatment ...	16	—	16
(ii) Other	32	—	32
Ringworm—Body	44	2	46
Scabies	54	—	54
Impetigo	777	34	811
Other Skin Diseases ...	1141	37	1178
Minor Eye Defects (External and other, but ex- cluding cases falling in Group II.)	140	10	150
Minor Ear Defects	341	28	369
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	965	54	1019
Totals	3510	165	3675

TABLE IV.—Continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme (see note b). (2)	Otherwise. (3)	Total. (4)	Prescribed (1)		Obtained (2)	
				(i)	(ii)	(i)	(ii)
				Under the Authority's Scheme.	Otherwise.	Under the Authority's Scheme.	Otherwise.
Errors of Refraction (including squint) ... (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	1066	51	1117	643	47	632	47
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	2	2	4	—	—	—	—
Totals ...	1068	53	1121				

TABLE IV.—Continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (see note b).				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	343	751
1	56	329	1	—	—	19	2	1	56	348	3		

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
 (iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

Number of children treated	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopædic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
	10	21	265	—	1	15	284

TABLE IV.—Continued.

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Age.			
Routine Age Groups	{	4	...	103	}
		5	...	2465	
		6	...	2765	
		7	...	2796	
		8	...	3022	
		9	...	3060	
		10	...	2952	
		11	...	2451	
		12	...	2525	
		13	...	2580	
		14	...	912	
		15	...	29	
				Total	... 29102
Specials 3067
				Grand Total	... 32169

(b) Found to require Treatment 18560

(c) Actually Treated 9194

(2) Half-days devoted to : { Inspection 153 } ... Total 1979
{ Treatment 1826 }

(3) Attendances made by children for Treatment ... 14720

(4) Fillings { Permanent Teeth ... 6835 } ... Total 6922
{ Temporary Teeth ... 87 }(5) Extractions { Permanent Teeth 2647 } ... Total 13326
{ Temporary Teeth 10679 }(6) Administrations of General Anæsthetics for Ex-
tractions 1426(7) Other Operations { Permanent Teeth 498 } Total 602
{ Temporary Teeth 104 }

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per School made during
the year by the School Nurses 19(ii.) Total number of examinations of Children in the
Schools by the School Nurses 68201

(iii.) Number of individual Children found Unclean ... 1793

(iv.) Number of Children Cleansed under arrangements
made by the Local Education Authority ... 337(v.) Number of cases in which Legal Proceedings were
taken :—

(a) Under the Education Act, 1921 —

(b) Under School Attendance Bye-laws —

SECONDARY SCHOOLS.

As in previous years, medical inspection was carried out at the various Secondary Schools in the Borough.

At Taunton's School, King Edward VI School, and Itchen Secondary School, the arrangements for medical inspection maintained the usual standard, the convenience of Medical Officer and parents being the first consideration. At every school the Head Teachers maintain close contact with the parents, and by means of personal interviews and letters are able to arrange for the early treatment of the defects found at the inspections.

The number of ailments found this year was rather less than previously.

Dental inspection was carried out during 1934 for the first time. The arrangements were the same as in the Elementary Schools, with the exception that, wherever possible, the parents were advised to obtain treatment from their private dentist. A large number of children were found to require dental treatment.

A report on the inspections at the Girls' Grammar School and the statistical tables follow.

GIRLS' GRAMMAR SCHOOL.

Medical inspection is carried on at the Girls' Grammar School fortnightly throughout term time. In addition this year an attempt was made to examine the special place holders before their admission to the School. This was useful, though several were away on holiday in August. Dental and ocular treatments were secured in several instances, and orthopædic treatment in one.

On the whole the entrants were physically better than before, and general hygiene was more carefully attended to. A few girls appeared undernourished, owing to difficult home circumstances. The drawbacks of the old buildings become ever more pronounced.

During the year there has been a running fire of cases of a minor skin complaint, which interfered with satisfactory work on the playing field. There seemed some evidence of infection, so special regulations in the cloak rooms and pavilion have been instituted, and special disinfection undertaken.

Great stress has again been laid on the hours of sleep. In each form the scholars' hour for bed is announced, and parents and children are expected to conform to the rule during term time. It is often a help to the parent to be told definitely that the child must go to bed at the specified time, and that other interests must not be allowed to interfere.

SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections during the Year ended
31st December, 1934.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	324
Intermediates		...	...	...	...	...	284
Leavers	...	...	...	...	...	...	198
							— 806
Number of Special Inspections			...	...	...	...	34
Number of Re-inspections		...	...	...	...	...	196
							— 230
							—
				Total	...	...	1036
							—

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1934.

Defect or Disease.	Routine Inspections. Number of Defects Found	
	Requiring Treatment.	Requiring Observation.
Malnutrition	I	—
Skin—Other Diseases	I	—
Eye—		
Defective Vision	58	2
Blepharitis	I	—
Ear—		
Defective Hearing	3	I
Otitis Media	I	—
Other Diseases	4	—
Nose and Throat—		
Chronic Tonsillitis	3	I
Chronic Tonsillitis and Adenoids	I	2
Adenoids	I	—
Other Diseases	4	I
Defective Speech	2	—
Heart Disease—		
Organic	I	2
Functional	2	2
Anæmia	—	I
Lungs—		
Bronchitis	—	I
Other Non T.B.	—	I
Deformities—		
Spinal Curvature	9	—
Other	5	3
Other Diseases or Defects	3	—

TABLE II.—Continued.

B.—Number of Individual Pupils found at Routine Medical
 Inspection to require Treatment
 (excluding uncleanness and dental diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :			
Entrants 	324	52	16.0
Intermediates 	284	35	12.3
Leavers 	198	20	10.0
Total (Code Groups) ...	806	107	13.2

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1934.

Group II.—Defects of Vision and Squint (excluding Minor Eye
Defects treated as Minor Ailments).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	By Private Practitioner or Hospital apart from L.A.'s Scheme. (3)	Total. (4)
Errors of Refraction (including Squint)	48	26	74
Other Defect or Disease of the Eyes	—	—	—
Totals	48	26	74

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	... ..	31
(b) Otherwise	... ..	18

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme	... ..	31
(b) Otherwise	... ..	18

Group III.—Treatment of Defects of the Nose and Throat.

Received Operative Treatment.			Received other forms of treatment.	Total treated.
Under the Authority's Scheme in Clinic or Hospital. (1)	Otherwise. (2)	Total. (3)		
—	3	3	2	5

TABLE IV.
Secondary School Children treated in 1934.
Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Age.					
Routine Age Groups	}	9	...	10	}	Total	... 1554†
		10	...	64			
		11	...	198			
		12	...	256			
		13	...	259			
		14	...	279			
		15	...	229			
		16	...	145			
		17	...	88			
		18	...	23			
		19	...	3			
Specials	Nil
Grand Total							... 1554

(b) Found to require treatment ... 1056

(c) Actually treated ... 187

(2) Half-days devoted to : $\left\{ \begin{array}{l} \text{Inspection} \\ \text{Treatment} \end{array} \right. \begin{array}{l} 6 \\ -\dagger \end{array} \}$... Total 6

(3) Attendances made by Children for Treatment ... 275

(4) Fillings $\left\{ \begin{array}{l} \text{Permanent Teeth} \\ \text{Temporary Teeth} \end{array} \right. \begin{array}{l} 361 \\ - \end{array} \}$... Total 361

(5) Extractions $\left\{ \begin{array}{l} \text{Permanent Teeth} \\ \text{Temporary Teeth} \end{array} \right. \begin{array}{l} 65 \\ 51 \end{array} \}$... Total 116

(6) Administrations of General Anæsthetics for Extractions 13

(7) Other Operations $\left\{ \begin{array}{l} \text{Permanent Teeth} \\ \text{Temporary Teeth} \end{array} \right. \begin{array}{l} 45 \\ - \end{array} \}$... Total 45

† Inspection was carried out in Secondary schools, but no special sessions were devoted to treatment.

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